The relative contribution of family conflict to children's health and development

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APPENDICES

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LIST OF ABBREVIATIONS

IPC:	Inter-parental Conflict
IPCx:	Aggressive Inter-parental Conflict Resolution Strategies
P-CC:	Parent-Child Conflict
P-CCx:	Aggressive Parent-Child Conflict Resolution Strategies
DV:	Domestic Violence
CM:	Child Maltreatment
CTS:	Conflict Tactics Scales
MRS:	Misbehaviour Response Scales
SDQ:	Strengths and Difficulties Questionnaire
TISH:	Things I have Seen and Heard
SES:	Socio-economic status

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Dedication

This thesis is dedicated to Graeme, my constant in a world of uncertainty.

ABSTRACT

Conflict is an inherent part of human relationships and is ubiquitous within families. These disputes are not in themselves harmful to children. Rather, it is the strategies used to resolve conflict that have a bearing on children's health and development, notably whether family members employ aggressive or violent tactics. The study examines evidence from a sample of 161 children, selected to be representative of children living in Dublin, Ireland. It explores children's responses to different methods of conflict resolution in two family relationships and seeks to expand the understanding of how social problems, such as child maltreatment and domestic violence, occur within normative family processes.

The study shows that the use of psychological and minor physical aggression to resolve conflict in the parental relationship and the parent-child relationship is typical. It occurs in 90 per cent of families over a twelve-month period. Severe physical force or violence between family members is less common. The study finds that while there is considerable variation in children's responses to conflict resolution strategies, children who experience aggression in both the inter-parental and parent-child relationship are at elevated risk for behavioural and emotional problems. The frequency and severity of the aggression explains some of the variance in child well-being but not all.

The study lends support to Bronfrenbrenner's (1979) ecological theory by demonstrating empirically how the individual, family, neighbourhood, and potentially societal, contexts moderate the transmission of poor conflict resolution strategies to children's health and development. The findings suggest that while the child's age and gender play a small role, family and neighbourhood contexts are strongly implicated in outcomes for children exposed to risky conflict resolution tactics in the home. In particular, parental mental health problems, low socio-economic status and poor peer relationships increase children's vulnerability to the effects of aggressive

conflict tactics.

The relevance of the evidence for policy and practice are drawn out. A distinction can be drawn between responses to pathological behaviour by parents and normative, yet harmful, conflict resolution strategies. Public health approaches to promote reasoning within families as well as prevention and early intervention strategies that support all families, not just economically disadvantaged parents known to child protection and domestic violence agencies, are required. In addition, greater sensitivity to children's gender and stage of development and more attention to policies that reduce stress on families and violence within communities are advocated.

DECLARATION OF WORK DONE IN CONJUNCTION WITH OTHERS

I hereby acknowledge that data used for the Ph.D. study was drawn from a larger survey on child well-being, conducted by the Dartington Social Research Unit in the Republic of Ireland. Interviewers, provided by the company Quota Search undertook the interviews with families, following extensive training and guidance provided by the author and colleagues. Scripts were returned to the author for coding, data entry and analysis.

CHAPTER ONE: INTRODUCTION

Children the world over are brought up in different contexts: no two experiences of family-life or community interaction are alike and the different values and cultural norms that govern societies set their inhabitants apart from others in the world. In addition, each child (with the exception of identical twins) is genetically unique, bringing a different set of biological vulnerabilities and strengths to bear on their environmental experiences. Yet, despite all of this variation, the pattern of children's development is remarkably similar.

Given certain necessary experiences (e.g. contact with other human beings), all children will master a key set of developmental milestones. For example they will learn to walk, communicate with others, and establish social relationships, although the pace at which these skills are learned will vary from child to child. Depending on the family and the cultural environment, there may also be different methods for achieving them (e.g. the extent of the child's social interaction) and influences that will be more or less salient (e.g. religious beliefs). But, by and large, we can think about children's health and development outcomes as encompassing both their physical and psychological health as well as their physical, social, behavioural, emotional and intellectual development (Little *et al.* 2003).

Children's development takes place within a series of contexts: the individual, family, community and the broader society or culture. Each of these contexts poses risks to children's healthy development. Some of these risks may be particular to a context (e.g. the lack of safe drinking water in certain developing countries increases risk to physical health) but many are salient for all children. Understanding these risks, their impact on children's health and development and the contexts in which they operate has been, and continues to be, a critical scientific endeavour.

Contexts also differ in the extent to which there is support or assistance available to children and families to deal with the risk. For example, some families have strong extended networks, others may be isolated; in some neighbourhoods families know each other well and have a strong sense of community, others do not; in some countries there is an established system of state intervention and welfare assistance, which is lacking in others.

Understanding the interplay between all of these factors is fundamental to the discovery of the most appropriate and effective responses to threats to children's well-being. It is not enough to understand risk in isolation. But understanding about how context alters pathways from risk to outcome, and what aspects of context might be amenable to change, remains underdeveloped.

This thesis seeks to contribute to understanding in this area by examining one demonstrated risk to children's well-being: family conflict. It explores three connected issues. First, what is the nature of the risk of family conflict and its impact on children's outcomes; second, how do differences in context, such as society, neighbourhood, or family, alter its effect on children's health and development; and third, what does this knowledge suggest about how we ought to intervene to protect or assist children?

Family Conflict

It is perhaps one of the greatest ironies that family relationships are not only critical for most children's developmental milestones; they also pose significant and numerous risks to children. One such risk is the way in which family members handle disputes between themselves, or as a family unit. Opportunities for conflict and opposition occur quite normally in every relationship (Coser 1956; Cummings *et al.* 1981). The dispute might reflect differing opinions on a financial investment between partners, opposing views of parents and children as to what constitutes an

acceptable curfew hour, or sibling squabbles over which TV programme to watch.

While there may not be anything intrinsically harmful about disagreement between two people - indeed, some would argue for its centrality to human development and progression (Shantz and Hartup 1992, p.2) – some techniques for managing conflict do pose risks to children's healthy development. As will be seen, children learn from these exchanges about how to resolve disagreement. They discover what is acceptable in terms of behaviour towards others and family relationships influence the way children regulate their emotions when their wishes are opposed (e.g. Newberger and White 1989). Exposure to aggressive negotiation tactics will produce different reactions than a more consensual approach.

This thesis is concerned with the impact of conflict on children in two central family relationships: the inter-parental relationship and the parent-child relationship. As arguably the two most important relationships in childhood, the messages communicated, either overtly or covertly, within these bonds have the potential to affect children's long-term health and their ability to relate to others outside of the family unit. Equally, it is reasonable to assume that there is likely to be a connection between inter-parental and parent-child relationships. Cummings and Davies state that '… children's mental health problems do not develop out of parallel and independent disturbances within the family. Rather, disturbances in each family subsystem affect the other subsystems, and broad problems in family functioning are likely to be associated with negative child outcomes' (1994, p.106).

One manifestation of such disturbances is the decision by parents to divorce or otherwise dissolve the inter-parental relationship. The effect is a major re-structuring of the family unit. Early theory and research on divorce characterised children's experiences as a single event – the point of the marriage dissolution (Buchanan and Heiges 2001). There was little consideration of the length of marriage, the quality of relationships prior to

the break-up, the conditions or nature of the divorce, or contact with the absent parent afterwards. Children were simply regarded as being from divorced or non-divorced families; the former group were shown to fare worst in terms of their emotional, behavioural, social and academic adjustment (e.g. Gibson 1969; Hetherington 1972; Parish and Taylor 1979).

Since the 1980s however, there has been a progression towards understanding the experience of divorce as a process and reflecting the enormous variability in children's experiences (Buchanan and Heiges 2001). In a seminal paper, Emery (1982) demonstrated that the conflict between partners in a marriage was a far better predictor of children's adjustment than was divorce. Indeed, if divorce helped to reduce levels of conflict in high-conflict parenting partnerships then children would, in fact, benefit. These findings have been replicated in studies of family structure, family conflict and children's adjustment (e.g. Borrine *et al.* 1991; Kitzmann and Emery 1994; Dixon *et al.* 1998).

There are many factors that will determine the strategies that parents draw upon to resolve conflict between themselves or with their children. The status, quality and development of the relationship will have a central role to play. The form and frequency of conflict may also vary considerably from family dyad to dyad (Fainsilber *et al.* 1992). Conflict that goes unresolved in a family may fester and accumulate over time, leading to increasingly aggressive or more frequent disputes. Wider contextual influences (such as ill-health or economic difficulty) may add to the likelihood of conflict occurring and hinder resolution tactics (Garbarino and Sherman 1980).

Chapter Two looks in much more depth at the way hostile conflict exchanges in family relationships are risky for children's health and/or development (for reviews see Cummings and Davies 1994; Margolin 1998a; 1998b). As will be seen, a key difficulty with this review has been

the contested nature of the concepts of conflict and violence.[1] There is not consistency in the terminology used and the definitions adopted are dependent on the research discipline or theoretical approach taken. While there is much still to learn, arguably the most distinguishing feature of the current evidence base is the considerable variation in children's responses to hostile conflict resolution tactics, in both the type and intensity of the adjustment difficulty (Grych and Cardoza-Fernandes 2001).

Why do these differences in response to conflict occur? This has become a principal research concern. This thesis attempts to use contextual influences of society, community, family and individuals to explain some of the variation. In Chapter Three, the avenue of research (process-oriented studies) pursuing this question is outlined. Researchers are using increasingly sophisticated methods and models to investigate the critical factors that translate conflict exposure into poor outcomes (so-called mediators) as well as the conditions under which children may be especially vulnerable (or resilient) to its effects (so-called moderators). While most research has concentrated on the former, there is a dearth of studies examining how the widely varying contextual circumstances within which conflict occurs may alter its effect on children (Grych and Fincham 2001).

Incorporating Context

The second aim of the thesis is to explore whether and how differences in context relate to an altered association between the risk (exposure to poor conflict resolution strategies) and children's developmental outcomes (their emotional and behavioural well-being). Foundations for research in this area are extremely strong. Nearly 30 years ago Urie Bronfenbrenner (1979) published his seminal work on an ecological theory of human development. Since then, interest and knowledge in understanding how different environments interact to affect development has grown, to a point

[1] Appendix J provides a glossary, which briefly summarises the many terms and definitions referred to in the literature base.

where a search on 'ecological theory' produces over two million references on a popular internet search engine <http://www.google.com>.

In proposing a socio-cultural view of development, ecological theory served to unite a number of disciplines, studying the child, family and society, which had previously worked in isolation (Lang 2005). But for the theory's influence to be useful, empirical studies must go beyond associations between risks and different societal and family contexts. Chapter Three develops a way of thinking that helps to explain how contextual circumstances within the individual, family, school, neighbourhood and wider society alter and modify risks to children's development. This way of thinking emphasises understanding the processes by which risks 'get into the body' (Haggerty 1996, p.186)

In this study, therefore, context refers to both the relational (or process) and structural qualities of an environment. These distinctions have been made elsewhere, although largely in relation to the family context (Moos and Moos 1976; Demo and Acock 1996; Cowan *et al.* 2005). Understanding 'process' refers to the quality of the interactions or relationships within a context, while 'structure' refers to 'characteristics of systems that describe a pattern of connection or disconnection among the parts' (ibid 2005, p.256). The latter may include the organisation of the system as well as its value orientation.

Some theorists have suggested that these constructs are orthogonal dimensions of family life (Olson and Gorall 2003); that is, it is possible to have several combinations of process and structure that work constructively and destructively on children's development. This study is also interested in contexts beyond the family. Ecological theory suggests that the qualities of other systems interacting with the immediate family environment also bring much to bear on the developmental

process.[2] Thus, it is important to think about the relationships and structures that exist within the school environment, the community and neighbourhood context within which a family is situated, as well as the broader institutions of society.

A complicating factor is the fact that children develop. Thinking about the individual child as a context in their own right, we recognise that they change over time and exert their own influence on surrounding environments (Bronfenbrenner 1979). Other contexts must adapt, ideally in a congruent way to the child's needs. For example, families generally award greater autonomy and control to the child as they develop. Increasingly, genetic vulnerabilities, temperament, past experiences, and other differences will potentially mediate and moderate risks attributed to family context. A model attempting to explain variation in children's outcomes must take account of this.

What makes for a healthy context; one that reduces risk and enhances children's health and development? We do not know. It seems reasonable to hypothesise that warm, constructively critical relationships that are not greatly threatened by other systems are important. But there is still much to learn. While a fair amount is known about what causes conflict in the first place, much less is known about how individual, family, neighbourhood and societal contexts alter this risk (Zielinski and Bradshaw 2006). In addition, questions exploring what is unhealthy about particular contexts may not be the same as questions examining features that encourage children to flourish. All of these enquiries will have particular value for the systems of support and intervention in place to assist children and families.

[2] Bronfenbrenner (1979) argues for a division between micro-systems (the many environments within which the child has an active role, such as the family, school or other community groups), meso-systems (connections between these systems), exo-systems (wider contexts affecting the micro-systems but within which the child is not active, for example the parents' workplace), and the macro-system (broad cultural and social norms that permeate all systems).

Support for Children and Families

In addition to the informal support networks that surround children and families from peer relationships, community networks and extended family, most developed nations have formal assistance usually purchased by the state and provided by a range of statutory, voluntary and private organisations to protect children and prevent developmental difficulty. These supports are manifest in health services, educational provision, and social or welfare assistance. Despite the pervasiveness of family and children's policies and services today, the notion that the state can and ought to intervene in family life to protect children is still a relatively recent development.

How effectively do children's services respond to risks to children's health and development and how congruent is this response with understanding about the way context alters the risks posed by family conflict?

As a general rule, there is little formalised help for families to handle disputes effectively, beyond divorce mediation. There is little promotion of positive or constructive forms of conflict resolution or guidance to families about dealing with common, minor forms of aggression in the home. Even with respect to commonly recognised concepts, such as corporal punishment, there is no agreement about how families should behave, or what the state has permission to tell the family. As Larzelere *et al.* point out, 'there is a sense in which participants… are talking past each other' (2002, p.580).

Consequently, most state support responds to high-end or extreme cases of aggression and violence, either between intimate partners (most often called domestic violence) or between parents and children (child maltreatment). In one sense, this makes sense. Resources are scarce and targeting the most needy is rational. This provision mostly takes the form of emergency rescue, such as removing children to foster care or providing shelter accommodation for women and children fleeing violence.

Since domestic violence and child abuse are considered criminal offences, socio-legal processes aimed at both the perpetrator and the victim also accompany these efforts.

Many commentators argue that provision is often 'too little, too late' (Wolfe and Jaffe 2001, p.283) and point out that there is little reason to believe that the arrangement – what has been dryly termed by Katz (2000) as the BSE approach, where 'infected' families or abusers are identified and 'zap[ped]' (cited in Cawson *et al.* 2000) – are effective in meeting the needs of children and their families.

Children's services must respond to what is harmful to children. But what would provision look like if it not only targeted risks such as unhelpful conflict resolution tactics but also sought to take into account the contextual circumstances that accompany such risks? What if the goal were not only to respond to problems but also to reduce the occurrence of the risk and its impact on children's health and development? It is likely that there is considerable scope for preventing many of the difficulties associated with aggressive family relationships through the implementation of early interventions (Barlow *et al.* 2006) that incorporate the contributing aspects of the family, school, neighbourhood and societal contexts.

Progress depends on understanding how conflict resolution strategies used by family members and violence in families are related to one another. Many researchers have argued that child maltreatment must be viewed as part of a broader outlook on children's upbringing in the home (Department of Health 1995; Cawson 2002). Harold and Howarth (2004) suggest that there is scope for applying evidence about inter-parental conflict to domestic violence services. There are obviously important differences between aggressive conflict resolution tactics and severe violence and between child maltreatment and domestic violence (Johnston 1995; Jouriles *et al.* 2001a). No single solution will be found to these

problems but as the thesis develops, ideas about how to diversify provision and better target risks to well-being emerge strongly.

As will be seen, child development research has had relatively little impact on policy and practice. In the UK the *Children Act 2004* (c.31) has given greater emphasis to enhancing child outcomes and to preventative efforts but common definitions about loci of intervention and consistent application of thresholds of harm have seen limited progress. Assessment of the nature and extent of children's impairment tends to be drowned out by examination of whether or not the child has been maltreated. Incident-based approaches deny much-needed assistance to children who suffer impairment to their health and/or development but who do not meet thresholds for 'abusive behaviour'.

There is a tendency for policy and practice to emphasise physical aggression, directing attention away from the impact of non-physical, verbal or symbolic behaviours that may be equally harmful. Despite research suggesting a significant association between psychologically aggressive parenting strategies, such as ignoring or threatening to abandon the child, and poor emotional adjustment (e.g. Straus and Field 2003), formalised support continues to focus on physical punishment.

The data presented in this thesis suggest different ways for the state to support the well-being of children. Minor forms of conflict-related aggression are widely prevalent, which suggest a broadening and different type of engagement with families. In addition to treatment or rescue initiatives for those at high-risk, a case is made for greater use of public health models to prevent risks to children's health and development. Wolfe and Jaffe argue that often these approaches are unpopular, perhaps because they require 'environmental and cultural explanations in addition to individual ones for causes of violence…' (2001, p.294).

The evidence from this thesis may inform policy and practice beyond the direct recommendations for better supporting children and families to

manage conflict appropriately. Oakley and Roberts (1996) have argued that interventions for children and families ought to be based on proven models of 'what works' such as those on well-established databases (see e.g. <http://www.colorado.edu/cspv/blueprints>). But there are few programmes that target family conflict. Opportunities for the design, implementation and evaluation of effective prevention strategies are explored in Chapters Four and Ten.

The Contribution Of The Thesis

With respect to the primary goal – to better understand the nature and impact of family conflict resolution strategies – the current study seeks to make an original contribution to knowledge in three ways. First, conflict resolution tactics in *two* family relationships are examined simultaneously; many studies in this field concentrate on only the inter-parental relationship. Second, data is collected on the prevalence and impact of both non-aggressive (negotiation and reasoning) and aggressive (psychological and physical) conflict resolution strategies; studies typically concentrate on one or the other. And third, the study seeks to incorporate the child's perspective by asking young people directly about their experiences of aggression in the home as well as about their emotional and behavioural well-being (outcomes). While there have been attempts to do this in other research (e.g. McGee 2001; Mullender *et al.* 2003), little attention has been given to children's experiences of 'minor' forms of aggression at home.[3]

The study seeks to make a further contribution by better understanding the role of context in moderating or altering children's responses to risk experiences. The notion of context has been outlined above and is considered in more depth in Chapter Three. While factors beyond the immediate risk variable have been considered elsewhere as moderators of

[3] Harold and colleagues (2004) have argued for the importance of the child as a source of data in studies examining family conflict, although this has largely been tested in relation to non-violent conflict (i.e. verbal or psychologically aggression).

children's experiences - for example gender (e.g. Cummings and Davies 1994), parental warmth (e.g. Kaufman and Zigler 1987; Katz and Gottman 1997), child temperament (e.g. Pynoos 1993) and low socio-economic status (e.g. Ingoldsby *et al.* 2000) - there has been little attention given to how these variables connect conceptually. Where context as a broader construct has been attended to (e.g. Belsky 1981; Cowan *et al.* 2005; Barnes *et al.* 2006), the focus has been on contextual predictors of the risk, rather than on contextual moderators (Zielinski and Bradshaw 2006).

The study also explores the implications of its findings for policy and the formal supports and services for children and families. This aim is of particular relevance to the Republic of Ireland, from where the data were collected. However the study argues for its relevance to other Western developed countries. Lists of recommendations for practice or policy are a common feature of contemporary research. This study seeks to make an original contribution by giving thought to what the findings mean for how children's services conceptualise the risk of family conflict; the form of the provision offered; and the implications for intervention.

The Structure Of The Thesis

The study is presented in 11 chapters, separated into three parts. The first part (comprising Chapters Two through to Four) presents what is known from existing evidence as well as the study's conceptual framework. Chapter Two outlines what is known from research about the risk to children from family conflict resolution strategies including the prevalence and impact of aggressive strategies on children's functioning. The chapter explores the concept of conflict and how it relates to familial interactions, with particular attention given to the child's role in these interactions.

The third chapter is concerned with the concept of context and how it might be useful for explaining why children fare differently in the face of common risks. The chapter explores the new generation of research methods that have developed to explore this variation in children's

outcomes, and considers aspects of the child's family, community and social context that may be relevant for understanding their responses to conflict in the inter-parental and parent-child relationships.

Chapter Four outlines the formal supports and policies that exist to prevent and respond to difficulties experienced by children and families. The chapter explores how the form and structure of children's services has developed over the years and the many influences that have shaped, and continue to shape, this process. It considers how the concept of family conflict has been conceptualised and operationalised in children's services and suggests a number of challenges to this response.

In the second part of the thesis, the empirical studies are described. Chapter Five sets out the aims, objectives, research questions and hypotheses of two sub-studies. Chapter Six presents the method for testing hypotheses. It describes how the concepts of inter-parental conflict, parent-child conflict, emotional and behavioural adjustment, and context were operationalised and the resulting tests that were applied to the sample of children in the study. A brief overview of the ethical considerations of the study is also included.

The results for each of the two sub-studies are presented separately in Chapters Seven and Eight. Chapter Seven is concerned with the findings related to the prevalence and impact of family conflict resolution tactics on children's emotional and behavioural adjustment. Chapter Eight presents the findings of the study that examined the role of context in moderating children's response to their experience of family conflict strategies.

The third part of the thesis is divided into three chapters. Chapter Nine synthesises the findings from the two empirical studies with what is already known from previous research and literature in the field, while Chapter Ten outlines a number of suggestions for how children's services might respond to the notion of family conflict differently, as a result. Finally, while the study is ambitious in its aims and objectives, there are also

limitations to the data and to what may be concluded from the analyses. These are set out in the final chapter. Some thought is also given to future research questions, building upon the work of the present study.

Let us begin then with understanding family conflict.

CHAPTER TWO: FAMILY CONFLICT

The family is a critical context in children's upbringing; most children grow up in a family of some description. Families fulfil many functions, such as socialising the child into the accepted conventions of the community, society and culture in which they live. The importance of parent figures and family ties for children's development has long been recognised, with the development of theories of attachment and evidence of the effects of separation and emotional deprivation on children (e.g. Bowlby 1973; 1980; Rutter 1972; Ainsworth *et al.* 1974). Family relationships, in most cases, last a lifetime. On the other hand, peer relationships or other social networks tend to be temporary. It is not surprising, therefore, that family relationships have important consequences both in childhood and in adult life.

But family life does not exist in a vacuum. It is influenced by parents' own upbringing and predispositions, as well as what goes on in the work and school environment, the neighbourhood and communities the family is involved in, and the broader society and culture of which the family is part. Stressors and difficulties within one area of the child or family's life may have implications for another; equally supports in one domain may protect a child from risks in another. For example a parent losing their job will hinder the economic viability of the family or, more positively, strong social networks within a community may help a family deal more effectively with a significant bereavement.

Family conflict – used here to denote conflict exchange between two or more members of a family unit – has been shown to be a significant stressor or risk factor for children's health and development (for an overview see Grych 2001). The reasons why it is harmful and why some children appear to be negatively affected by the experience, while others do not, is not yet understood. In this respect, much effort has been given to exploring the underlying psychological processes of children (e.g. Grych

and Fincham 1990; Davies and Cummings 1994). Less attention has been paid to how family processes and the family's interactions with other institutions of society moderate the risk of conflict to children's health and development. It is certainly plausible that difficulties felt at school, work or within their neighbourhood affect how children both perceive their experiences at home and how they are able to cope with them.

If more were understood about the ways in which family conflict was moderated, it might be possible for children's services responding to child maltreatment and domestic violence to be more effective. Currently, children's services typically focus on a small sub-group of children and their families whose difficulties reach a threshold that demands attention. Children are generally categorised by the nature of their experience, such as physical abuse and neglect, which does little to define a child's needs or the changing state of their impairment (Cicchetti 1994). Is it possible for services to respond to a broader spectrum of need in relation to family conflict and violence, and to consider the wider context surrounding the child in their assessment of need and responses to it? This issue is dealt with in a later chapter.

This chapter begins by examining conflict theory and child development. It defines what is meant by family conflict and the child's role within it, and reviews what is known about the impact of conflict on children's health and development. A particular focus is the nature of conflict resolution strategies, that is the ways in which individuals attempt to settle disagreements with others. The chapter looks into how poor or harmful strategies within two main family relationships, the parental and parent-child – may be connected.

Theories of Conflict

Since the mid-1950s it has been recognised that conflict is ubiquitous and an inevitable part of all human interaction (Simmel 1955 cited in Straus 1979; Coser, 1956; Dahrendorf 1959 cited in Dahrendorf 1980). Some

analysts suggest that, without the changes brought about by conflict, social units – such as a family, community or nation – are susceptible to disintegration. Although thought of as destructive and chaotic (Rosenstock and Kutner 1967) and something to be avoided (Straus 1979), conflict and conflict resolution are increasingly seen as essential for growth and adaptation (see Adams 1965; Scanzoni 1972 cited in Straus 1979). Conflict between parents and children continues long after children reach adulthood (Riesch *et al.* 2003). Psychologists further distinguish between interpersonal or social conflict and intra-personal or mental conflict (Shantz and Hartup 1992). Conflict is thought to benefit both domains (e.g. Nichols and Schwartz 2001).

Disagreements and disputes are a natural part of family life and parents and offspring find different strategies for resolving them (Coser 1956). As relationships and children develop, so do skills and strategies for dealing with conflict (see for example Cummings 1994; Eberly and Montemayor 1998; Cummings *et al.* 2003). Straus (1979) coined the term 'conflict tactics' for this phenomenon. These include verbal reasoning, psychological aggression and violence (Straus 1974; 1979; Gelles and Straus 1978; Vissing *et al.* 1991). Verbal reasoning includes attempts by individuals to resolve conflict through rational argument and discussion, while psychological aggression – also called verbal aggression – comprises verbal and non-verbal acts that 'symbolically hurt the other, or the use of threats to hurt the other' (Straus 2005: 189). Violence, as termed by Straus (1979) refers to the use of physical force against the other person as the means of resolving the dispute.

Conflict and the various ways that families seek to resolve conflict have long been a focus of the study; both between intimate partners and between parents and children. But there has been little consensus reached on definitions and conceptualisations of these ideas, making it difficult to compare studies or synthesise findings. Appendix J provides a glossary of terms and definitions that sets out how constructs have been generally defined in the literature and how they have been used in the

present study. Any attempt to provide a review of the evidence base will be hampered by problems with definitions and terminology and conflicting theoretical rationales.

For example, the principal objections to the concept of conflict emerge when it is used to explain violence between intimate partners. Feminists argue that domestic violence is about men's 'pathological' and patriarchal need for power and control over women (e.g. Dobash and Dobash 1979; 1992; Yllo 1993). Viewing conflict as normal and violence as one resolution tactic implicates victims of domestic violence in their own attack. Much feminist research suggests that domestic violence often occurs without reason or prevarication. As a result, the field of family violence has become divided between those who operate with and without a gendered frame of reference.

The same objections are not applied to the resolution of conflict between parents and children (Belsky and Stratton 2002). In the 1960s abuse and neglect were often explained as being the result of mental illness or pathological personalities (see for example Melnick and Hurley 1969; Steele and Pollack 1968). It has been recently found, however, that only a very small minority of maltreatment cases, such as some sexual abuse, can be attributed to distinct psychological syndromes or disorders (Milner and Crouch 1999). Contemporary research explains maltreatment in terms of multiple risks to family life and by stressors exceeding supports (Belsky 1980; Belsky 1993; Cicchetti and Toth 1995). This produces more conflict and less healthy resolution techniques.

Some commentators have asked for greater conceptual clarity about conflict. For example, Emery (1992) makes a distinction between the surface (overt reasons for the dispute) and deep (who holds the power) dimensions of disputes. For example, a parent and adolescent may argue over going to a late night party, the surface content, while overlooking the deep meaning, a young person trying to assert their autonomy. Family members have 'power boundaries' that define their entitlements to behave

autonomously within a relationship (e.g. Orford 1986). Conflict occurs when these boundaries are perceived to be crossed. This is common at key developmental transitions, for example during toddlerhood or adolescence (Minuchin 1992; Shantz and Hartup 1992).

It is clear from the discussion that the relationship between power and violence is not straightforward. There is support for the argument that differences in power afforded to different groups in society make some groups, such as women and children, vulnerable to violence at the hands of others. One conclusion, therefore, might be that to address violence in families you must address societal inequality. But Straus and colleagues suggest that consensus about the power structure within a relationship may be more important than necessarily divided power (Straus and Gelles 1999). Partners who agree on how the power is distributed in their relationship display lower levels of conflict and less violence. Clearly distinguishing the motivations underlying the use of violence is critical to efforts to reduce its use in the family context.

The ideas presented in this section explain the broad basis and limitations for what can be called ‘conflict theory’. It starts with the idea that conflict is ubiquitous; it is normal. There are various resolution tactics for managing this conflict. Some of these demand warmth and understanding; others involve aggression and violence. Not all aggression and violence can be explained by this theory (Straus 2007) but quite a lot that occurs between parents or between parents and their children can (Perry *et al.* 1992). The theory suggests that the way ordinary conflict is resolved influences health and development. Let us look at this idea more closely.

Conflict, Resolution and Impact on Well-Being

Since all children develop within relationships of some form it follows that all children will be exposed to some form of interpersonal conflict. Within the family this might refer to disputes between parents, between one or both parents and a child, between siblings, and so forth. Parents and

children disagree over what clothes the child will wear to school and partners differ on how best to invest their money. We can think about conflict as existing on a continuum, ranging from low to high levels of significance. The level is dependent upon the nature or content of the disagreement, as well as each individual's perception of the degree to which their own views or needs are opposed or not considered.

When interpersonal conflict occurs, ordinarily individuals strive towards resolution, that is, finding a solution to the disagreement (Hay 1984; Shantz 1987). Resolution might be a mutually agreeable compromise, for example the couple find an investment strategy they are both satisfied with, or it might be the triumph of one viewpoint over another, for example the child wears the clothes the parents decide are appropriate for school. Resolution then also exists on a continuum, from complete agreement by all parties to no agreement. Research has demonstrated that unresolved or enduring family conflict can be harmful to children (Cummings and Davies 1994). Each unresolved conflict exchange increases the intensity of the next disagreement (Kadushin and Martin 1981).

As has been said, it is the nature of the resolution, not the presence of conflict, which determines children's adjustment. While there are almost an infinite number of tactics that family members can use to resolve conflict, the most common distinction is between non-aggressive and aggressive strategies (Straus 1979; Shantz 1987; Straus *et al.* 1996). As will be demonstrated, the former tend to produce better outcomes for children, the latter less satisfactory ones.

Needless to say, families do not fit into tightly defined boxes. Most families will use aggressive conflict resolution tactics at some point, more than likely without any noticeable impact on their children's well-being. In some families there will be poor conflict resolution tactics between parents but positive strategies used between parents and children. It is known that when conflict accumulates or continues to be unresolved using non-aggressive tactics, aggression becomes more likely (Patterson 1982).

Instead of looking for families that resolve conflict well and comparing them with families that do it badly, the need is for studies that explore why all families sometimes resort to aggressive tactics, with what consequences and, from the perspective of this investigation, what can be done to promote the use of more successful strategies.

There are a number of demonstrated individual-level risk factors that increase the likelihood of poor resolution. In particular, tactics may be influenced by an individual's ability to think things though clearly, or impeded by alcohol or substance misuse for example (Taylor and Leonard 1983; Henderson *et al.* 1996). Poor mental health may also affect the choice of strategy, leading to higher levels of hostility and irritability during parents' interactions with their children (Downey & Coyne 1990). Outside of the family, high levels of community violence are highly correlated with increased use of aggressive strategies in the home (Garbarino *et al.* 1992; Bell and Jenkins 1993; Lynch and Cicchetti 1998), and conflict with significant individuals such as work colleagues may also influence, and be influenced by, levels of family conflict (Fainsilber *et al.* 1992).

Relationships between partners, and between parents and children are also defined by much more than conflict exchanges, for example levels of warmth and responsiveness and mutual interests. Effective parenting that includes emotional support and responsiveness has been shown to be protective in the face of adverse life stressors (Masten *et al.* 1988; Katz and Gottman 1997; Margolin 1998b), while marital harmony and parental warmth lead to lower levels of childhood aggression (e.g. Miller *et al.* 1993; Boney-McCoy and Finkelor 1995; Trickett 1997). Naturally, as children grow up, relationships within the family also become only one of several sets of relationships influencing the child.

The Child's Role

Children's experience of interpersonal conflict is directly related to their social development, including social cognition (awareness of others), empathy and ability to regulate aggression (Newberger *et al.* 1989; Minuchin 1992). Children only have the potential to be an equal partner in a conflict exchange after they learn intentional resistance, usually at around two years of age (Minuchin 1992; Dunn and Slomkowski 1992). A key area for parent-child conflict is socialisation: it is the parents' task to teach children about the expectations that the family, wider community and society have of them (Kadushin and Martin 1981). Parenting practices such as social modelling and discipline help children to observe and internalise these conventions. Children assert themselves by testing and negotiating boundaries with their parents (Richards 1974; Maccoby and Martin 1983).

Children may also be active participants in their parents' disputes (O'Brien *et al.* 1995), especially when they are the subject of the conflict (Fauber and Long 1991; Grych and Fincham 1993). Child-related inter-parental conflict produces greater child adjustment problems (*ibid.* 1993). But even when children are not directly involved in the disputes between their parents, they may not be passive observers. Children may be still be affected by 'exposure' to conflict between family members when they are not directly witness to it. For example, overhearing arguments, witnessing the consequences of the dispute, such as broken furniture, or learning of the conflict through others, say siblings, has the potential to produce distress (Ganley and Shecter 1996). In his taxonomy of exposure, Holden describes 10 different categories of awareness. He argues that 'the most important empirical question is whether the kinds of exposure prove to be useful for better understanding children's reactions' (2003, p.154).

The Impact of Family Conflict Resolution Strategies

How many children, then, are affected by harmful resolution strategies within their family relationships? A true picture is difficult to achieve, largely because studies have adopted different approaches or definitions of the problem. But studies from the US suggest that somewhere between 16 and 20 per cent of children witness physical aggression between their parents each year (Straus 1974; 1992; O'Brien *et al.* 1994; McCloskey *et al.* 1995; McCloskey and Walker 2000; Osofsky 2003).[1] Estimates for children's direct experience of aggression in the parent-child relationship are larger. A recent UK survey showed that nearly all children have experienced parental psychological aggression to resolve parent-child conflict and approximately 60 per cent of children have also experienced physical aggression in the name of discipline (Creighton *et al.* 2003; personal communication with Deborah Ghate). Between seven and nine per cent have been shown to experience severe forms of physical violence from their parents (Cawson 2002; *ibid.* 2003). Similar findings are evident in the US (e.g. Straus and Stewart 1999).

As mentioned, aggressive resolution strategies for inter-parental and parent-child conflict translate into impairment for a significant proportion of children (Harold and Congor 1997; Katz and Gottman 1993). However we do not yet have a full picture of how or why this happens. Much of the difficulty in providing a review of the impact of aggressive strategies on children is that findings span a number of disciplines and theoretical approaches, within which differing methods for definition and measurement have been adopted. By piecing together evidence from research on inter-parental conflict, corporal punishment, child maltreatment and domestic violence, it is possible to estimate the impact on children of aggressive and violent family relationships.

[1] Unfortunately, many large-scale studies of intimate partners' use of aggressive or violent conflict tactics have not used the child as the unit of analysis, making it difficult to estimate how many children are affected (Osofsky 2003).

Holden *et al.* (1998) suggest that around 40 per cent of children exposed to, what they term, domestic violence between their parents exhibit emotional and behavioural difficulties at a clinically significant level (compared with around 10 per cent in a sample of children not exposed). In addition, in a review of several studies on the subject, Buelher *et al.* (1997) estimate that badly resolved inter-parental conflict, that is where psychological and/or physical aggression is used, accounts for between four and 25 per cent of the variance in children's and young people's adjustment difficulties.

But impairments do not follow a typical pattern and many children exposed to poor conflict resolution strategies do not experience negative consequences. Indeed 'the effects of this stressor do not follow a common pathway' (Margolin *et al.* 2001, p.10). Overall, children living in aggressive homes display an increased level of emotional and behavioural problems. Buehler and colleagues (1997) report an estimated effect size of 0.32, which would be classed as small to moderate. But these general effects are differently distributed across different children. Some display heightened emotional problems, some more behavioural problems, some both and some neither (Grych *et al.* 2000). It seems likely that these variations are due both to individual child differences, such as their understanding of the conflict (*ibid.*), alongside family context influences that either aid or reduce their ability to cope, for example social support networks (Finkelor and Kendall-Tackett 1997; Marans and Adelman 1997).

That said, significant associations have been demonstrated between exposure to high levels of inter-parental conflict and children's increased risk of developing a wide array of psycho-social problems, such as anxiety, depression, dysphoria and withdrawal (e.g. Emery 1992; Harold *et al.* 1997; Margolin 1998b; Dadds *et al.* 1999) as well as the emotional and behavioural difficulties already mentioned (e.g. Holden and Ritchie 1991; Dodge *et al.* 1997; Graham-Berman and Levendosky 1998; Grych and Fincham 2001). There is also evidence for reduced social competence, such as poor peer relations (Gottman and Katz, 1989; Russell and Finnie

1990; Ladd 1992; Graham-Berman and Levendosky 1998) and poor academic performance or achievement (e.g. Amato and Keith 1991; Forehand and Wierson 1993; Dunn and Davies 2001).

Similar associations are evident between poor parent-child conflict resolution and children's behavioural difficulties (Kadushin and Martin 1981; Patterson 1982; Mueller and Silverman 1989) as well as problems with affect regulation, anxiety (Christensen and Margolin 1988; Kaplan *et al.* 1989) and social development (Minuchin 1992). However, most of the impact studies have focused solely on conflict in the inter-parental relationship. Despite parent-child conflict being a routine and widespread aspect of family life it has been curiously neglected in the literature on children's well-being (Montemayor 1986; Acock and Demo 1999).

Research suggests that the most harmful conflict exchanges for children tend to be those that are unresolved, that is where the conflict is long in duration, or where the resolution strategies used are high in hostility or aggression and include threats by a parent to leave (Grych *et al.* 1992; Fainsilber *et al.* 1992; Cummings 1991). Over time children become sensitised to aggressive conflict strategies (Cummings *et al.* 1994). Those experiencing conflict in more than one family relationship tend to suffer the most (Wolfe and McGee 1994; Egeland 1997; Lynch and Cicchetti 1998;).

It is not difficult to understand how well-managed, infrequent and non-aggressive conflict resolution might help children achieve greater levels of interpersonal awareness and better negotiation skills in other settings, for example in peer relationships (Grych and Fincham 2001; Cox *et al.* 2001). Nevertheless, it is also possible that aggressive resolution tactics between parents, and between parents and children have positive consequences. The use of minor physical aggression, such as smacking, by parents can be successful in producing compliance and good behaviour in the child (Larzelere 2002; Baumrind *et al.* 2002). The little that is known about children’s vulnerability to the effects of aggressive conflict resolution

should not lead to the assumption that it always equates with poor outcomes for children (Margolin and Gordis 2000).

How Risks Combine

Most research has concentrated on understanding either the impact on children of poor conflict resolution between parents or between parents and children; that is in one relationship only. But what happens in one domain of family life influences what happens in others. Exposure to more than one form of family conflict may intensify children's difficulties or produce a distinct set of adjustment problems (e.g. Dawud-Noursi *et al.* 1998; Lynch and Cicchetti 1998; Hughes *et al.* 1989). Despite evidence of a significant association, the nature of the relationship between conflict and aggression in the inter-parental and parent-child relationship is not well understood (Cummings and Davies 1994). However, there is some evidence from which to draw.

First, conflict in the inter-parental relationship appears to be related to children and adolescents' behavioural problems because it leads to deterioration in parent-child relations (Congor *et al.* 1992; 1993; O'Leary and Emery 1984).

Violence between parents is a significant risk factor for the use of physical aggression towards children (Salzinger *et al.* 1992; McKay 1994; Jouriles and Norwood 1995; Edleson 1999; McGuigan and Pratt 2001); indeed it has been demonstrated that domestic violence during the first six months of a child's life is significantly related to physical abuse, psychological abuse and neglect up to the child's fifth birthday (*ibid.* 2001). But there is no agreement about rates of overlap. While some research indicates high levels of overlap – between 70 and 100 per cent (e.g. Carlson 1984; Kenning *et al.* 1991; McCloskey *et al.* 1995) other studies show modest levels of co-occurrence from around 30 per cent (Hughes 1988; Jouriles and Norwood 1995; O'Keefe 1995) to between six and seven per cent (Fantuzzo *et al.* 1997).

In a meta-analysis of 42 studies, Appel and Holden (1998) found that sample type largely explained the variation in the rates of overlap, it being higher for clinical than community samples. These disparities point to a potential conceptual distinction between the type of violence experienced by people in shelters or refuges and that used by families in the community. Johnson (1995) coined the phrases 'pathological violence' and 'common couple violence' to distinguish between behaviour that escalates in frequency and severity over time and that which occurs often in young relationships but dissipates over time (see Appendix J).

Where there is overlap, the effects of exposure to violence in both relationships has been described as a ‘double whammy’ for children (Hughes *et al.* 1989), indicating that the odds of a poor outcome are considerably elevated (Bowker *et al.* 1988; Straus and Gelles 1990). In a contradictory study however, O’Keefe (1996) found that as the level of violence from parent-to-child increased, the effects on children’s adjustment of witnessing violence between parents decreased. Similarly, as children's personal experience of violence decreased, the risk for poor adjustment as a result of witnessing inter-parental violence increased.

As in single relationships, the quality and quantity of the aggression in two relationships is associated with child outcomes (Straus *et al.* 1986; Jouriles *et al.* 1991; Margolin 1998a; 1998b), but, again, there remains much to learn. In particular, the relative impact of (a) poor conflict resolution in different family relationships (inter-parental versus parent-child) and (b) the type of aggression experienced (psychological versus physical) is not known. One study indicated that observing violence between parents is associated with greater levels of conduct difficulty (after controlling for levels of parent-child aggression) and that witnessing inter-parental aggression is, for boys, a better predictor of behaviour problems than parent-child aggression (O’Keefe 1994). However, other studies have not been able to replicate this finding (e.g. Sternberg *et al.* 1993; Dawud-Noursi *et al.* 1998).

Most research on inter-parental conflict has been conducted using measures of hostile verbal aggression between parents, and there has been little attention paid to normative patterns of low-level physical aggression. It is argued that physical aggression should at least be measured and accounted for in studies of conflict (even if it is not conceptualised as a conflict strategy) to control for situations where 'high conflict' becomes a proxy measure for physical violence (Margolin *et al.* 2001); families who display physically aggressive conflict resolution strategies also tend to exhibit high levels of verbal aggression (Straus 1979; Straus *et al.* 1980). Due to these inconsistencies in measurement, many theorists agree that it is more likely that the 'relatively modest associations between marital relations and child outcomes… reflect the wide range of phenomena being measured under the rubric of marital conflict' (Margolin *et al.* 2001, p.19).

In related fields, a small number of studies have sought to compare the outcomes for children exposed to domestic violence compared with those who have been physically maltreated. The findings are, for the most part, inconclusive (Wolak and Finkelor 1998). While one study found that directly abused children generally displayed more behavioural and emotional difficulties, the differences were not reliable (Hughes *et al.* 1989). Jouriles *et al.* (1987) also found a greater risk associated with parent-child aggression. An analysis of several studies found the same type and quantity of problems in both groups (Sternberg *et al.* 2005), while others have found that direct abuse tended to be more significant for predicting problems but that exposure to domestic violence intensified or exacerbated those effects (Salzinger *et al.* 1992). Finally, several studies have found that despite associations between witnessing and experiencing violence in the home, both have independent effects on children's outcomes (see O'Keefe 1994; Silvern *et al.* 1995; Litrownik *et al.* 2003).

As before, the context in which a family operates and the social and neighbourhood risks to which it is exposed, may explain much of the variation in results. Tajima (2004) found that couples in families that maltreat their children but who do not fight each other had been married longer than those in a domestically violent group, and that male children were more prevalent in homes with child abuse. But no other significant differences were found regarding the families' income levels, family size, or parental history of violence. Child aggression and delinquency problems were more common in homes where only child abuse was recorded. Thus, much is to be learned about how contextual factors outside the family system moderate children's responses to their experiences.

Overlap Hypotheses

Several hypotheses have been advanced to explain the mechanisms by which aggression in a parental relationship might lead to aggression in the parent-child relationship, and vice-versa (Cox *et al.* 2001). Perhaps the strongest emerging idea is that conflict in one family relationship works as an 'emotional primer', providing stimulus for anger and irritability in other close relations (Berkowitz 1989; Harold and Conger 1997).

The spill-over hypothesis suggests the negative feelings resulting from aggressive conflict in the marital relationship may lead parents to be overly rejecting or hostile towards their children (Engfer 1988; Thomas and Wierson 1990; Coiro and Emery 1998). Empirical evidence for this hypothesis can be found in the relationship between aggressive inter-parental conflict and children's subsequent insecure attachments to their parents (Cox and Owen 1993; Owen and Cox 1997). The relationship may be positive as well, with supportive, positive martial partnerships providing parents with the esteem and ability to parent confidently. Some parents compensate for poor marital relations, however, by focusing increased efforts on bringing up their child well, what has been called the compensatory hypothesis (Erel and Burman 1995; Belsky *et al.* 1991). There is scepticism about these ideas (e.g. Coiro and Emery 1998); some

have posited that it results in children taking on inappropriate roles or responsibilities.

One explanation for a spill-over is that resolution strategies or tactics are relatively stable personality characteristics that individuals use in most or all of their interpersonal interactions (Engfer 1988). In support of this, some data has shown that adults with authoritarian personalities tend to be harsh and controlling generally and create tension across their relationships (Holden and Ritchie 1991; Margolin *et al.* 1996). Caspi and Elder (1989) suggest that unstable personalities are typically found in generally dysfunctional families, indicating that family context also bears on the personality of parents.

Another proposition is that parents' preoccupation with their marital problems may result in their withdrawing from their family relationships and make them emotionally unavailable to respond to the child's needs (Katz and Gottman 1996) or to perform central care-giving tasks, such as involvement in children's education. A child may interpret this failure as personal rejection or a lack of interest, threatening the child's sense of emotional security (Davies and Cummings 1994). The idea may also explain permissive or inconsistent parenting, where parents are so absorbed in their own concerns that children are left without appropriate boundaries or guidance (Cox *et al.* 2001).

Supportive co-parenting – mutual support and consistent parenting practices – is reduced when there is aggression in the marital relationship (Davies and Lindsay 2001). Partners use a series of covert and overt practices to either support or undermine one other (Belsky *et al.* 1995; Katz and Gottman 1996). For example, when one parent is absent, the other may either support them ('your mum loves you very much') or undermine them ('your dad is never around for this family'). Children get confused when they are told or allowed one thing by one parent and something else by the other (Holden and Ritchie 1991; Erel and Burman 1995; Cummings 1998; Cox *et al.* 2001).

Then there is the idea being ‘scapegoated’. The child is identified as the problematic member of the family in order to distract attention away from tension in the marital relationship (Vogel and Bell 1960). In some instances a child may scapegoat themselves, acting out or misbehaving to direct attention away from other family disharmony. Alternatively, a form of triangulation takes place where one or both parents attempt to get the child to form a coalition with them, to side against the other parent (Minuchin 1974). This threatens the child’s relationship with both parents as the child builds up resentment for being forced into a position where they must align with one over the other (Cox *et al.* 2001).

It is known that children’s behaviour is, in part at least, modelled on how they see their parents behave (Erel and Burman 1995). But when there is poor conflict resolution, children may reject their parents as models, including any positive behaviours they might display, and begin to rely on less appropriate subjects such as anti-social peers. They are more likely also to initiate conflict with their parents, especially mothers (Davis *et al.* 1998). The child’s acting out will be reinforced when it triumphs in distracting parents away from marital disputes (Emery 1989; Patterson 1982). These ideas do not, however, explain why children who are not directly exposed to conflict between their parents also show a raised level of difficulty (see Harold *et al.* 2005).

Spill-over hypotheses have been used to explain an increase in harsh or punitive forms of disciplinary responses by parents (Fauber *et al.* 1990). Inter-parental conflict often leads to parents displacing their anger and frustration onto their interactions with their children, leading them to be less tolerant or quick to resort to more aggressive forms of conflict resolution strategies in situations of conflict with the child (*ibid.*).

Conclusions

Despite the considerable variation in how researchers have conceptualised conflict and violence as well as the recognised limitations of the methods used, much has been learned from first generation research about the impact on children's adjustment of poor conflict resolution strategies in family relationships. But there is still much that is unexplained about why some children are vulnerable to the effects of the experience while others appear to fare well. How might this heterogeneity in outcomes be explained?

It may be to do with the connection between poor conflict resolution strategies in different family relationships; that is the various spill-over hypotheses just described. A further goal is to better understand how these connections are influenced by family-level as well as wider community and societal risk factors (e.g. Fauber *et al.* 1990; Harold *et al.* 2004).

Another explanation may be the nature and strength of poor conflict resolution strategies, predicting different developmental responses from children. More specifically, the quality or type as well as quantity of the strategies adopted in each case may be related to the form and degree of children's adjustment difficulty. Some work on this has already been done but it has been limited in distinguishing the contributions of different family relationships (inter-parental versus parent-child) or the relative impact of different forms of aggression. Most research on inter-parental conflict has been restricted to verbal psychologically aggressive tactics (Margolin *et al.* 2001).

Significant advances have been made in explaining how children's perception and understanding of family predicts poor adjustment. Research continues to explore how the cognitive (e.g. Grych and Fincham 1990) and emotional (Davies and Cummings 1994) processes of the child mediate their responses to conflict.

Once again, the goal is to understand better how family and other contexts mediate and moderate these connections. It is highly likely that the risks posed by inter-parental and parent-child conflict to children's health and development may be ameliorated or exacerbated by risk and protective factors in other spheres of the child's life, including their school environment, friendship networks and wider community. This is the subject of the next chapter.

CHAPTER THREE: CONTEXT AS A MODERATOR

The way in which poor conflict resolution strategies pose a risk to children's outcomes has been explained. Many gaps in the knowledge base have been identified. For example, too little is known about the prevalence of the problem. There is, not yet, full agreement about how to conceptualise and measure conflict or the strategies individuals use to resolve it (Jouriles *et al.* 2001a). In addition, the reasons why a small number of children appear to succumb to the risk while others do not requires further exploration.

A promising avenue for explaining this variation is to study the mechanisms by which poor conflict resolution affects children, or as one commentator has put it how risk 'gets into the body' (Haggerty 1996, p.186). A so-called second generation of research (Fincham 1994) goes beyond simple cause-effect models of risk and outcome and is engaged in exploring the factors that are implicated in translating the risk into outcome (mediators) as well as factors that may alter the effect of the risk on the outcome (moderators).

A prime candidate for potential mediators and moderators is the context or circumstances surrounding children and families. This is not a new idea. Sociologists have long been concerned with understanding the influences of community and society, while psychologists have looked at the way family functioning influences children's development. Many disciplines increasingly acknowledge that children and their families live and engage in more than one system or context at a time: ‘individual, family and… community need to be addressed together rather than being considered separately’ (Barnes *et al.* 2006, p.1).

But to do this means getting smarter about defining and measuring what is meant by context, such as family, community and school. It also demands a more sophisticated way of understanding how context moderates and/or

mediates a risk. To date, most research has looked at the way contextual factors predict problems in the first instance rather than how these factors might shape the way in which children respond to risky experiences. This chapter explores why context may be important, how it might be conceptualised and how it may be influential in thinking about children's exposure to family conflict and violence.

Mediation and Moderation

As was described in the previous chapter, one of the most popular theories explaining why children who experience aggressive family conflict develop impairments to their development is Social Learning (Bandura 1977; Margolin 1981). It suggests that children model their behaviour on that demonstrated by their parents. They watch and learn from their parents' use of aggression as a response to conflict. Although popular, this theory has been surpassed by findings that most children who experience aggression in the home do not go on to become violent themselves (Kaufman and Zigler 1987; 1988). Furthermore, some children who do not witness aggressive responses to conflict go on to display psychosocial difficulties (Harold and Conger 1997).

What else is happening? Are the effects of the risk being altered in some way? Exploring the mechanisms by which children are affected by exposure to risk is one way to find out. Mechanisms comprise the chains of effect that lead from a risk factor(s) to an outcome(s). The starting point was the cumulative effect of successive risks. The risk posed to a child's development increases with the addition of each and any additional risk factor present in their life. For example, in the Isle of Wight study, Rutter and colleagues (1975) predicted the prevalence of mental health disorder in children. They found that six factors[1] were significantly correlated with psychiatric disturbance. No single risk factor stood out above the others,

[1] Severe marital discord; low social status; large family size or overcrowding; paternal criminality; maternal mental disorder and foster placement.

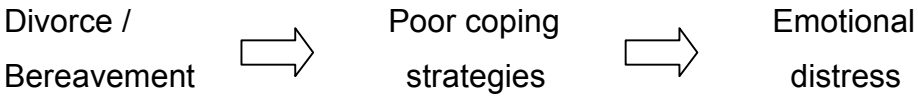
but multiple risks were linked to a linear increase in the level of disturbance (e.g. two risk factors increased the risk four-fold).

It was later understood that the interaction of risks was as important as the number, perhaps more so. Some risks 'potentiate' others to yield greater impact than they would alone (Rutter 1979; 1990). This led to an exploration of how context altered the impact of a risk factor (Cozby 1997). The 'main effects' of a risk are distinguished from what are called 'interaction effects'. Interaction effects may take two main forms. First, other variables mediate the relationship between the primary risk and the outcome. Second, other variables moderate the risk. What do these terms mean?

Mediation

Mediating variables help to explain the causal relationship between a risk, sometimes called an independent variable, and an outcome, sometimes called a dependent variable. Mediating variables are the means by which the risk is transformed into the outcome. Often, although not always, mediating variables are organic or psychological variables (Baron and Kenny 1986). For example, children's coping styles and strategies mediate the risks posed to children's health and development by parental divorce and bereavement (Kerig 1998). When children have the skills to cope with these negative events they are less likely to demonstrate adjustment difficulties. The relationship is illustrated below.

Diagram 1: Representing mediation.

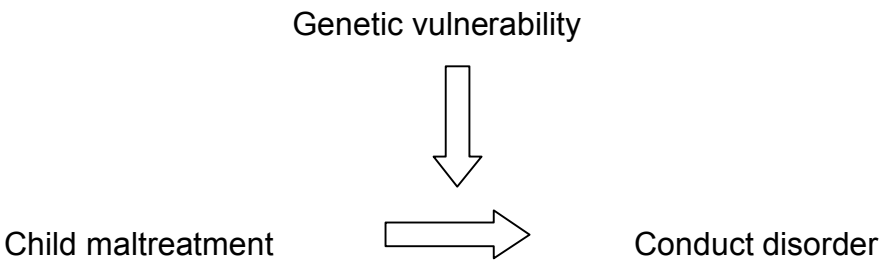


Moderation

Moderators influence the degree and direction of the relationship between a risk and an outcome. Moderators have the effect of creating sub-groups

within the chain of effect (Baron and Kenny 1986). For example, Caspi *et al.* (2002) found that children's genetic vulnerability, specifically whether they carried a particular version of the gene 'MAOA', moderated the risk of child maltreatment for conduct disorder. It is known that child maltreatment increases the chances of victims becoming anti-social but most abused children do not develop conduct disorders. However, the interaction effect meant that these children were at four times greater risk of anti-social behaviour compared to children who experienced child maltreatment but who were not genetically vulnerable. This relationship is represented below.

Diagram 2: Representing moderation.



The diagram demonstrates two further fundamental qualities of moderators. First, child maltreatment is a risk for conduct disorder present or absent from the genetic vulnerability. The variant of the MAOA gene increases the risk (other moderators might reduce the risk). Second, the moderator is not necessarily independently associated with the outcome. The version of the MAOA gene only leads to anti-social behaviour in the presence of child maltreatment.

As will be seen in later chapters, determining moderated and mediated effects requires new analytic strategies (see Baron and Kenny 1986). Mediational analysis must determine how much of the variance in the outcome explained by the risk is due to a mediating factor. Taking a hypothetical example, we might find that witnessing domestic violence explains around 25 per cent of the variance in children's emotional

distress. We might then find that maternal depression, as a result of the domestic violence, explains 10 per cent of this variation.

Moderator analysis, by contrast, must determine what is influencing the strength and direction of the relationship between a risk and an outcome. So, going back to the same hypothetical example where domestic violence predicts 25 per cent of the variance in children's emotional difficulty, it might be found that the child's age moderates this effect. For example, the relationship between witnessing domestic violence and emotional distress may be stronger for younger than older children.

Both examples demonstrate how simple multivariate analysis into the strength of different combinations of risk factors in predicting an outcome are insufficient to understand the nature of the interaction. The illustrations also show how analysis points to new opportunities for intervention. The simple 'risk to outcome' equation points to domestic violence as a locus of intervention. The mediation analysis reminds us of the importance of maternal depression as a target. The moderation analysis then prompts greater attention to be given to younger children.

What then are the mechanisms that link the risk of poor family conflict resolution strategies and poor adjustment in children? It is known that children's appraisals and perceptions of conflict between their parents mediate the risk.[2] For example, two theoretical models - the Cognitive Contextual Framework (Grych and Fincham 1990) and the Emotional Security Hypothesis (Cummings and Davies 1994) – suggest that children's perceptions that they are to blame for the conflict or that the poor resolution will make their parents emotionally unavailable to meet their needs are at the core of the chain that links inter-parental conflict and

[2] The importance of the meaning individuals attribute to an experience for understanding their response(s) has been found elsewhere. Research in the UK on child maltreatment demonstrated that when adult subjects are asked to evaluate their own childhood experiences, significantly fewer rate themselves as 'maltreated' compared with an objective measure of abuse (Cawson *et al.* 2000). Furthermore, subjective measures tend to be better correlated with individual's long-term outcomes than do objective measures.

poor child outcomes (see also Cummings *et al.* 1994; Finkelhor and Dzuiba-Leatherman 1994; Margolin *et al.* 2001).[3]

For all its strengths in going beyond simple cause-effect, analyses of moderating and mediating effects have their limitations. First, the majority of the research has been focused on inter-parental conflict, ignoring the potentially cumulative impact on children of aggression used to resolve parent-child conflicts. Second, as with their predecessors, these models do not explain all of the variance. Could more be achieved by looking beyond individual, psychological risks? What role do the contexts of family, peers, school, work environment and neighbourhood have in moderating risks and outcome?

There are many potential candidates. It is likely, for example, that the impact of the risk of poor conflict resolution is mediated through aspects of the spousal and parenting relationships, such as the warmth they show to their children. It seems equally plausible that the parents will play a significant role in shaping how their child perceives and responds to relationship difficulties. The societal context is bound to have some mediating or moderating effect. Coulton *et al.* (1999), for example, demonstrate that poverty not only increases the risk of harmful conflict resolution strategies between parents and children, it also exacerbates poor outcomes for maltreated children.

Developmental stage seems a prime candidate to provide moderating or mediating effects. The way a child understands and responds to conflict at age three will differ to their response at age 12. Margolin and colleagues (2001, p.17) have written about the interaction effects between stressors and the child's developmental capacities to respond. Stage-specific tasks such as the development of attachment, children's ability to regulate emotions and behaviour, the development of internalised beliefs about

[3] Appraisals have been put forward as both possible mediators and moderators of the relationship between marital conflict and children's adjustment, although it has been suggested that there is more empirical support for a moderating relationship (see Kerig 1998).

themselves, and the development of peer relationships are known to be vulnerable to environmental stressors (*ibid.*) and may well play a role with respect to the impact of family conflict. It is known that children's responses to conflict vary in intensity and form at successive stages of their development and that poor outcomes tend to multiply; they are not solely determined by conflict (Cicchetti and Toth 1993).

As more examples are added however, there is a danger that 'context' is used as a 'catch-all', to mop up everything that is not explained in studies of risk and outcome or to draw in unrelated evidence not generally included in research on individual psychological processes. It is necessary to go beyond this and to make context definable and measurable.

Context

The best starting point is to understand the work of Urie Bronfenbrenner. His ecological theory (1979) proposed that children develop within a nested environment of connected systems each of which impinge upon each other and the child. These systems comprise relationships or environments in which the child is actively involved (called microsystems), such as the family context, school and neighbourhood, as well as wider contexts in which the child is not actively involved but which influence key figures in their world (exosystems), such as the parent's workplace or other community groups. The interactions or connections between these systems he referred to as mesosystems. Finally, broad societal and cultural conventions and beliefs, what he calls macrosystems, are brought to bear.

Bronfenbrenner's theory can be read two ways. First, it is an exposition on how these systems influence children's development over time, indeed across the life span. 'Development' is defined as the child's learning and enduring change in how they perceive and respond to the environment around them. Like a set of Russian dolls contained within each other, the innermost figure is the child surrounded by his or her immediate contexts,

including home and family, childcare and school. From an ecological perspective, the influence of these contexts for children's development will depend on the connections between settings. For example 'a child's ability to learn to read in the primary grades may depend no less on how he is taught than on the existence and nature of ties between the school and the home' (Bronfenbrenner 1979, p.3).

Bronfenbrenner proposes four ways in which systems or contexts may interact with each other. First, when an individual engages in more than one setting, for example a child spending time between home and day care. Second, when a third party connects a person across two different settings, for instance a solicitor represents a child in the court system in a divorce custody hearing. Third, the connection may be made by direct or indirect communications between people in different contexts, via telephone or correspondence or notices going round to all families in the neighbourhood about a community meeting perhaps. Fourth, there is 'intersetting knowledge', which comprises information that relates to several contexts.

Ecological theory has also been used to explain why certain social problems occur, like child maltreatment (Belsky 1980; Kotch *et al.* 1995; 1997; Belsky and Stratton 2002; Sidebotham *et al.* 2006). Belsky (1980) suggests that child maltreatment may be defined as a 'social-psychological phenomenon', the result of influences at the individual, family, community and cultural level. Belsky was interested in how factors at different levels of the ecology increased the risk of maltreatment occurring. He added a level of analysis to the framework, the ontogenic, which captures significant characteristics of individuals, particularly the parents, that bear on the child's rearing experience.

Ecological theory has become an appealing and popular way of interpreting many social problems. In the report *Violence and Health*, the World Health Organisation (2002) advance an ecological model of violence prevention, emphasising various risk factors at different levels of

the ecology that predict maltreatment in a family. The approach stresses the need for prevention, particularly public health models. As acknowledged, however, there is a 'huge gulf' between these theoretical insights and understanding how something operates in order to change it (*ibid.*, p.10). A lack of empirical application has led to the theory representing everything and yet nothing.

How then might ecological theory be advanced? Mediating and moderating mechanisms that link risks to outcomes is a starting point. The ways in which risks from different contexts cumulatively affect the child or interact to alter a risk trajectory is one route. For example, it is reasonable to expect that a child who experiences both neighbourhood and household deprivation may fare worse than those living in a poor neighbourhood but whose family make ends meet. It is also possible that the response of the child to an experience of the interaction between deprivation in both contexts is stronger or different from those experiencing deprivation in one context alone.

A critical component in adopting such an approach is to define the essence of the contexts in which children live. Each context provides opportunities and risks to children's health and development. In each context there is a set of relationships in which participants influence each other's behaviour. These relationships may be the source of risk but they may also moderate its impact. In each context there are also structural elements, for example the size of group, economic status, or the extent of external stressors, which may exert an influence on children's adjustment.[4] Finally, each context will be influenced by other contexts around it.

[4] A distinction has been made in family-systems literature between family process or relatedness and family structure (see Moos and Moos 1976; Demo and Acock 1996; and Cowan *et al.* 2005). 'Process' refers to the quality of the interactions while 'structure' describes 'characteristics of… a pattern of connection or disconnection among the parts' (*ibid.* 2005, p.256). It has been suggested that these dimensions are orthogonal, meaning various combinations of process and structure within a system are possible (Olson and Gorall 2003).

These ideas are now explored in more detail with respect to the contexts of family, school, neighbourhoods and communities, society and culture.

Family

The family context can alter the risk of poor family conflict resolution for child adjustment in several ways. Let us take poorly resolved inter-parental conflict as the risk and emotional problems in the child as the outcome to illustrate the point. First, the relationships within the family may moderate the risk. For instance, the addition of conflict between parents and children will increase the risk of a poor outcome. Similarly, if there is another relative in the extended family who can act as a significant adult in the child's development then risks may decrease (e.g. Wassertein and LaGreca 1996).[5]

Second, the structural elements of the family can exert an influence. For example, in large families the parents can have less time to support the emotions of each sibling, increasing the odds of a poor outcome. On the other hand, large sibling groups can support each other.

Third, the way in which the family relates to other contexts matters. To illustrate the point, let it be assumed that neighbourhood risks contribute to poor conflict resolution in the family. So it will not be unreasonable to find many families in a defined neighbourhood with poor conflict resolution tactics. Nonetheless, the neighbourhood may also exert moderating effects. For example, high levels of aggression and violence between members of the community might be expected to increase the negative effects of aggression and violence at home. On the other hand, if aggression and violence becomes a common feature of neighbourhood

[5] A number of researchers have argued that it may be more important to capture 'family' functioning rather than focusing on separate dyadic relationships (see Johnson *et al.* 1999 for example). A Family Environment Scale (FES; Moos and Moos 1976) was developed to capture three main components in the functioning of families: relationships; system maintenance (including structure and control) and personal growth (including the encouragement of autonomy).

and family life children may become desensitised, producing more behaviour problems but arguably fewer emotional problems.

School

School provides an opportunity to illustrate the dual direction of the relationship of contexts with risks to child development. To begin with, school life may make home life better or worse. For example, the impact of poor conflict resolution at home may be moderated by the child's relationships with teachers and peers. Supportive teachers can enable children to cope with exam stress more effectively, while anti-social peer groups may increase disengagement from the learning process. The structural components of the school context can also play a moderating role. For example, large schools may give less individual attention to pupils.

But family life also bears upon school performance. Cowan and colleagues (2005), for example, tested a model of family context that incorporated five domains, including the psychological well-being of individual family members; each parent's relationship with the child; the quality of the marital/couple relationship; relationship patterns across three generations; and other risks and supports outside of the family, such as parent work stress and social support networks. Each domain explained a unique part of the variance in children's adaptation to starting school and there was also a cumulative effect of the variables. The authors suggest that children's adjustment to the risk of school transition is 'predictable from the quality of multiple aspects of preschool family life...' (2005, p.333).

Neighbourhood and Communities

The science of defining and measuring what constitutes a neighbourhood or community has seen increasing attention in recent years (Appendix A provides a synopsis). Small and Supple (2001) make a distinction between

the physical or geographic location surrounding a family (neighbourhood) and the social connections within it (community). Children may be part of more than one community at a time; for example the school community and their associated peer networks, as well as the neighbourhood community within which they reside.

Neighbourhood and community risks are known to moderate risks to family life. Living in an economically deprived neighbourhood is a risk to children's healthy development (e.g. Kalff *et al.* 2001) but relationships and structures within the community can compensate. For example, many poor communities still have high social cohesion and youth clubs can provide good networking opportunities for children. Robert Sampson and Felton Earls, and their colleagues, have written extensively about the concept of collective efficacy; that is the willingness of neighbours to act when needed to benefit each other (e.g. Sampson *et al.* 1997; Sampson 2003; 2004). A warm and responsive family environment, effective school context, or strong social connections between neighbours may compensate for the risks posed to children from neighbourhood poverty.

Society and Culture

Bronfenbrenner (1979) argues that the patterns of organisation and social institutions within a society also play an important governing role for the various sub-systems within that society. Within any given social group, the structure and substance of the micro-, exo- and mesosystems tend to be similar (1979, p.8) and they all influence risks to children's development. For example, the attitudes that a society has towards children or the value placed on the status of childhood are highly likely to affect risks in family, school and community contexts. This relationship is manifest in changing attitudes towards conflict within families. Half a century ago domestic violence was viewed as either normative or as a matter to be resolved inside rather than outside of the family. The extent of child maltreatment and its impact on children's development was little understood three decades ago. Changing attitudes to what is right and wrong within families

and to the relationship between the state and the family is likely to have important moderating effects on the impact of aggressive conflict resolution techniques within contemporary families.

Bronfenbrenner's ideas initiated the departure from viewing children simply as a repository for risk towards seeing them as active participants that respond to the world around them and change the behaviour of the people they meet (Bronfebrenner 1979; Sameroff 1995). Belsky cautions, however, against over-stating the child's role when there is family violence, '…the characteristics of the child make sense as elicitors of maltreatment only when considered vis á vis the caregiver's attributes' (1980, p.324). But in ordinary family life it is now recognised that children intervene in parents' arguments and are often the subject of the discord (Grych and Fincham 1993). Their role extends to other conflict exchanges as well, allowing children to influence the way in which teachers, peers and neighbours behave towards them.

Context Relevant to Family Conflict

There is a limited evidence base on the way in which context moderates the relationship between conflict resolution tactics and children's health and development. Grych and Fincham suggest that the field has 'not ventured much beyond dyadic relationships to consider the role of social networks, neighbourhoods, subcultures, and society itself in understanding how... conflict and child development are related' (2001, p.449). Some of the evidence has been presented. This section introduces other important ideas.

What is called the 'family systems' approach examines how family relationships, for example between parent and child, siblings, and step-parents and step-children moderate children's experiences of family conflict. It is also well known that a child's age (Kadushin and Martin 1981; Sternberg *et al.* 2005), parental unemployment and poverty (Fantuzzo *et al.* 1997; Garmezy and Masten 1994), substance abuse (Smith and

Thornberry 1995), and community violence (Bell and Jenkins 1993) increase the chance that a couple will make use of aggression and violence to resolve conflict exchanges.

It is likely that many, if not all, of these factors in addition to predicting increased conflict also alter children's adjustment response to the experience (Zielinski and Bradshaw 2006). But there have been almost no empirical studies concentrated on the influence of these contexts where conflict and violence already exist (Margolin *et al.* 2001; Zielinski and Bradshaw 2006).

Most studies that examine moderation have focussed on the child's age (e.g. Cummings cited in Holden *et al.* 1998). The results are not conclusive. Some studies find no association between age and children's adjustment to family violence (see Moffitt and Caspi 2003). Others have found a significant role for developmental stage, with younger children displaying greater emotional difficulties and older children behavioural problems (e.g. Cummings and Davies 1994). Acock and Demo (1999) found that the impact of inter-parental conflict became less important as children got older but that parent-child conflict became more salient.

There is some evidence to suggest that poor family relationships have a greater negative impact on boys than girls – a so-called male vulnerability mechanism (Emery and O'Leary 1982; Davies and Lindsay 2001). Again, there is no agreement on these findings (see Jouriles *et al.* 2001b). For example, there are gender differences in the timing and nature of some of the developmental tasks children must master, with girls typically facing challenges at an earlier age (*ibid.*). Theoretically, this may make adolescent girls more vulnerable to the stress of family conflict (Windle 1992).

Genetic vulnerability has also become an avenue of research into children's differential responses to experiences of aggression. It is highly conceivable that the risk of poor outcomes from aggressive family conflict

resolution incorporates the genetic transfer of traits between parents and children, as well as children's own inherited genetic vulnerabilities to the risk (Rutter 1994). For example, it has long been known that conduct disorder is a history of antisocial or aggressive behaviour in the parent. This link may be environmental but it may also be genetic (Rutter 1988).

Jaffee and colleagues (2004) in a study of twins found a genetic influence in the use of corporal punishment by parents but an environmental explanation for maltreatment, such as low income, low educational level and single parent-hood. There was a very strong connection between children's risk for corporal punishment and maltreatment, confirming the suggestion that maltreatment or abuse may result from a loss of control during normative disciplinary practice (see Gershoff 2002).

The values, practices and expectations of a family's social status may include tactics for resolving conflict. Shouting and raising voices are more commonplace or acceptable in some cultures than others, and this normative practice may have lessened effects on child outcomes. There continues to be debate, however, about justifying the continued use of practices, such as physical discipline, which have the potential to harm children, based on the fact that it is highly prevalent in a given culture or context. In the presence or absence of evidence demonstrating a negative effect on health or development, children have a right to live free from violence (UNCRC 1995). What has been given less thought, however, is the most effective means of targeting violence in families when it is not isolated to extreme cases, that is when it represents normative behaviour. Chapter Four looks at this in more detail.

The role of social class and the socio-economic status of the family has been widely researched. Low socio-economic status is a known stressor on parents' and children's psychological well-being (Conger *et al.* 1992). In their representative sample of families in Britain, Ghate and Hazel (2002) found that poverty was a common thread in parenting difficulties. Lone parents on low incomes and those who lived in the poorest areas showed

greatest difficulty when it came to coping with their children. Katz et al. (2007) suggest that while the relationship between poverty and poor outcomes for children is not straightforward, a lack of resource can lead to disruptions in the parenting role, which then directly affects children. The authors point to important interactions that take place between family structure, neighbourhood context and social support all of which determine the effects of poverty on parenting. Baumrind (1995) finds that poverty in the home can also elevate children's adjustment difficulties when there is hostile conflict exchange.

The individual characteristics of the parents may also affect children's responses to aggressive conflict resolution. McCord (1983) found that maltreated participants' vulnerability to poor outcomes was associated with both the experience of aggression *and* with their parent's alcoholism. Poor parental mental health has long been linked with the quality of parenting (Rutter and Quinton 1985) and with exacerbating behaviour problems in children when aggression occurs in the parent-child relationship (Kurtz *et al.* 1993). In addition, substance misuse is linked with inadequate attention to children's basic needs (Bolger *et al.* 1997).

It is known that aggression and violence is used more in homes in communities with a high proportion of low-income families, large numbers of single parent families, and low numbers of high school graduates (e.g. Garbarino and Crouter 1980). Kohen and colleagues (2008) found that children's verbal and behavioural outcomes were the result of a complex interaction between risks within the family and neighbourhood context. They found that neighbourhood disadvantage was related to low neighbourhood cohesion, which in turn elevated the risk of maternal depression and family dysfunction producing less consistent and more punitive parenting and poor child outcomes.

It is less clear from the literature how neighbourhood contexts might independently moderate children's response to family-based risk. For example, do high levels of community violence sensitise or de-sensitise

children to aggressive tactics used in the home? Having a good relationship with an adult outside of the family has been shown to moderate the relationship between familial discord and children's adjustment difficulty (Jenkins and Smith 1990): does this finding extend to wider community networks? Does the way in which a society is governed or the rules of social conduct within a culture affect children's responses to aggression in the home?

In an unusual cross-cultural study spanning six countries[6], Lansford and colleagues (2005) found that when physical discipline was considered to be a normal part of life in a society, it produced less adjustment difficulties. However, physical aggression in the parent-child relationship was still significant for elevated difficulty, regardless of whether it was perceived as normative or not. Children living in countries with a low use of physical discipline, such as Italy, China and Thailand, are the most likely to experience emotional and behavioural reactions. This suggests that children may be attuned to what the culture or society considers to be the 'correct' way of bringing up children and that deviations from the norm elevate risk (*ibid.*).

Conclusions

Evidence has been presented in Chapter Two for how, in the first instance, the occurrence of conflict or disagreement in families is ubiquitous and not in itself harmful. It is the use of poor resolution strategies that leads to impairments in children's emotional, behavioural, social and intellectual development. But most children exposed to the risk do not succumb. In this chapter, evidence has been reviewed on the mechanisms that connect poor conflict resolution and poor child outcomes. The idea of mediation and moderation has been introduced. The evidence on the ways in which family, school, neighbourhood, community and social contexts may alter the risks produced by conflict has also been reviewed.

[6] China, India, Italy, Kenya, the Philippines and Thailand.

Contexts include not only sets of relationships in which individuals influence one another's behaviour but also structural elements or characteristics, such as group size, conventions or rules governing behaviour and economic status. No research design can capture the unique and combined effects of each one of these contexts in moderating children’s experience of family conflict. It is more helpful to think about a series of designs that might over time extend understanding. This study seeks to make a small contribution to this developing field.

There is one final dimension or context to take into account in this scenario, namely children's services. This is the subject of the next chapter.

CHAPTER FOUR: THE ROLE OF CHILDREN'S SERVICES

This study explores the way contextual factors within the family, school, neighbourhood, community and society alter how children respond to family conflict. It aims to apply this knowledge to policy and practice, to help better prevent or respond to impairments to children's health and development.

The idea that the state could, or ought to, intervene in family life is comparatively recent. Parents' treatment of their children was considered largely private prior to the 20th century, with the exception of abandoned children. Later state intervention extended to the plight of children whose experiences in the home put them in grave danger. Intervention was seen as a last resort. It is only recently that children's services has become interested in reducing impairments to health and development or enhancing children's development. The recognition and value of evidence about child development and the aetiology of difficulties to inform the way in which children's services achieve these aims is more recent still.

How have children's services constructed questions of family conflict? The two dominant responses have been interventions for child maltreatment and domestic violence. Much of this response has developed out of rights-based movements, for example the feminist movement, and organisations seeking to reduce cruelty to children, such as the NSPCC[1]. The resulting services for children and families reflect these ideologies. For example, domestic violence services are largely focused on men's physical abuse of women, and less concerned with psychological abuse and sexual violence (Hester *et al.* 2001). Research demonstrates that domestic violence is multi-dimensional in both its nature and consequences (Kelly 1998; Schwart 2000) but historically services have concentrated on providing a safe place for battered women and their children.

[1] The National Society for the Prevention of Cruelty to Children, in the UK.

This chapter reviews the historical context of children's services, with particular emphasis on child maltreatment and domestic violence, and the various influences that have shaped contemporary provision.

Historical Context

With the exception of gross violence or utter destitution the state rarely got involved in family life prior to 20th century. In the UK, the *Children's Charter 1889* was the first act of parliament that sought to reduce cruelty to children. It sanctioned the state to intervene between parents and children but extremely poor conditions had to exist before a warrant could be obtained to remove a child from their parent's care. The last quarter of the 19th century also saw a number of organisations founded with purpose of protecting and providing for children in need, including the NSPCC (1884), Barnardos (1867) and National Children's Homes (1869).

Other than financial assistance, it was not until the last quarter of the 20th century that families were offered support within the home environment. Previously interventions had been restricted to children separated in residential care, foster care, or workhouses. In the UK, the 1963 revision to the *Children's Act* gave children's departments permission to *prevent* children from coming into care in the first place, for example through family support interventions.[2]

There have been major changes to the law regarding divorce and custody of children and in the organisation of children's services. With important exceptions, these changes have followed similar patterns in most economically developed countries, particularly in North America, Western Europe, and Australasia. Generally speaking, the trends have been

[2] Family support interventions refer to those services 'provided to families where children are living at home and with the general purpose of relieving family stress and promoting the welfare of children' (Little and Sinclair 2005, p.119).

towards achieving greater rights for women and giving more attention to the best interests of the child (Little 2002).

One of the most influential legal levers for change has been the ratification of the *United Nations Convention on the Rights of the Child* (UNCRC 1989) by nearly all nation states. This convention changed the landscape of children's services by setting out minimum rights for all children, including those with disabilities. It refers specifically to family conflict resolution. Article 19 gives children the right to protection '… from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child'.

The UNCRC has prompted changes to legislation to outlaw the use of corporal punishment by parents in some countries, or at least to abandon the defence of 'reasonable chastisement' that may be upheld in a court of law (EPOCH-USA 2000).[3] This signals one of the first attempts by the state to intervene to alter normative behaviour patterns and there is increasing pressure from children's charities and rights groups in the UK to do the same.

This pressure is reflective, in part, of the changing moral fabric of economically developed nations. There is an appreciation and acknowledgement of the rights of individuals within a society, including those previously neglected such as women and children. Consumer groups and social activists have been and continue to be powerful levers in effecting policy change (see Mullender *et al.* 2003). The triumphs of these groups are balanced, however, against the danger of policy and practice becoming ideologically governed. As Gelles has noted, 'the study

[3] Corporal punishment is typically understood as the range of (physical) parenting behaviours used by parents to discipline their children (Straus 1994). Gershoff captures its distinction from child maltreatment as 'behaviours that do not result in significant physical injury' (2002, p.540).

of family violence is often governed more by the heart than by the head… rational thoughts and logic… are often left behind' (1995, p.18).

These changes have been accompanied by a greater state involvement in family life. There has been increased attention given to children's pastoral life in school as well as services for children with learning difficulties (Bernard 2002) or those with special educational needs, for example those experiencing reading difficulties or behavioural problems (Howlin 2002). Various forms of psychological and psychiatric services are now available for children, for instance treatments aimed at depression and anxiety (Brent *et al.* 2002). Social work has developed as a profession dedicated to responding to and improving the well-being of children and families, including vulnerable groups such as disabled children or the elderly.

It is increasingly recognised that, in addition to treatment activities, there are moral (e.g. Freeman 1999) and economic (Schweinhart *et al.* 1993; Greenwood *et al.* 1996) benefits to preventing problems before they develop or early in their formation. The interest in prevention partly reflects the recognition that the demand for clinical services for children with psychiatric disturbances greatly exceeds supply (Offord and Bennett 2002).

The changing pattern of marriage in the last half century has also led to the development of services for children affected by parental divorce, and major alterations in family law. Divorce mediation, for example, typically comprises couples meeting together with a third party to discuss and resolve disputes about children and money (Emery 2001). It is arguably the strongest socio-legal attempt to reduce discord and resolve conflict between parents. There are also a number of child-focused interventions, usually school-based, which aim to equip children to cope effectively with parents' divorce, for example, the *Children of Divorce Intervention Project* (CDIP; Pedro-Carroll and Cowen 1985). However, these services are generally only available to families at risk of breakdown or those that have already broken down.

Child Maltreatment

Family conflict and its resolution strategies, in particular physical aggression or violence, may be understood in many different ways but in most economically developed nations it has been constructed as child maltreatment or domestic violence. Child maltreatment, particularly severe physical abuse, has long been a reason for removing children into state care. However, its pervasiveness was highly underestimated until the late 1960s, when Henry Kempe and colleagues (1962) published *The Battered Child Syndrome*. Based on research in hospital emergency rooms, the authors concluded that a proportion of children presenting with accidental injuries were, in fact, being harmed by their primary caregivers. Much emphasis was given at the time to the psychiatric characteristics of the parents in explaining why the child was abused, including mental illness, low intelligence and the parents' own history of maltreatment.

Since then, the idea that children may be 'at risk' from exposure to aggression and violence within the home has grown to a point where contemporary definitions of 'violence' have, in many parts of the world, spread to behaviours historically classed as disciplinary practices or corporal punishment. Where previously parents had the right to discipline their child as they saw fit, as long as it conformed to a legal definition of 'reasonable chastisement', in some countries the use of any physical aggression against children has been outlawed (e.g. Sweden, Norway; EPOCH-USA 2000).

Most countries responded to this evidence by creating child protection systems that generally overlap in some way with child welfare services. Much of this provision is designed for children with significant or acute needs. While the approach has provided more protection for children, the new arrangements have also created a number of challenges.

For example, poor or socially impoverished children are over-represented in most child protection services. Services respond to reports of

maltreatment leaving less resource to meet the broader needs of children. Services also tend to be 'one size fits all', overlooking children's stage of development and individual characteristics that may play a significant role in their maltreatment (for example the increased risk for children with difficult temperaments) (Eth 1996; Putallaz 1998; Raine *et al.* 1994).

The huge demand created by the greater recognition of child abuse has produced difficult decisions about how best to allocate scarce resources. Most children's services agencies target the most needy children and families, generally defined by the severity of the maltreatment (Hamilton and Browne 2002). However, in most child protection systems there is a lack of clarity and consensus over definitions of and thresholds for harm (Morgan and Zedner 1992; Rees and Stein 1999). Cawson *et al.* note 'the difficulty of identifying generally accepted cut off points at which neat divides can be made between 'acceptable' to 'unacceptable' to 'abusive'' (2000, p.5). Some argue that the combination of scarce resources and confusion over definitions has led to the continuation of a child rescue mentality that characterised the early history of children's services. Tunstill and Aldgate have contrasted the rationing of rescue with investment in support services (see Tunstill 1997; Aldgate and Tunstill 1996).

As successful as it has been in transforming the state perspective on child maltreatment, the evidence from the 1960s onwards has also created constraints. Too often impairments to the development of poor children are attributed to abuse when their causes may lie elsewhere. Too much attention is focused on the act of maltreatment and too little on the burden placed on impoverished families with limited social capital. Too many resources are consumed by a small number of high-end cases limiting the opportunities for public health approaches that could change the parenting of all children, gradually preventing the use of highly problematic rearing practices (Rose 1992).

Domestic Violence[4]

The development of domestic violence services follows a similar history to child abuse and neglect provision. Awareness of violence between intimate partners heightened in the 1970s with Erin Pizzey's publication *Scream Quietly or the Neighbors Will Hear*. Prior to this, disputes between husbands and wives were considered a family or domestic concern, not requiring state involvement. Feminist theory and research played a significant role in bringing the abuse of women and children to the forefront of the political agenda and has framed some policies and laws, such as the *Violence Against Women Initiative* in the UK and the Office on Violence Against Women in the US.

The primary focus has been violence or physical abuse perpetrated by men against women and children. Treatment responses have largely reflected feminist perspectives on why domestic violence occurs. For example, the most widely adopted domestic violence programme – the *Duluth Model*[5] or *Domestic Abuse Intervention Project* – suggests that women and children are vulnerable to violence from men due to their unequal socio-political and economic status within society. Across the developed world, women's refuges and shelters have been established to assist women to leave violent relationships, particularly women with little means of supporting themselves or their children. Most shelters and refuges are delivered by voluntary agencies.

Whereas much child protection work is focused on keeping families together or 'family re-unification' (Emery 2001), domestic violence provision concentrates more on ceasing contact between the perpetrator and the woman or child (e.g. Hester and Radford 1996; Humphreys 1999).

[4] Domestic violence is defined by children's services as 'any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs… [to] include physical, sexual, emotional and financial abuse' (Home Office 2003, p.6). Terminology is not consistent, however, and marital violence, spouse abuse, and intimate partner violence are all used interchangeably to talk about domestic violence (Mullender and Morley 1994).

[5] See <http://www.theduluthmodel.org>.

Curiously, the guiding principle of the 'best interests of the child' (UNCRC 1989) is cited in both cases.

There has been considerable debate about the status of children when domestic violence occurs. For example, in some US states (for example, Utah and Vermont) exposure to domestic violence has been defined in law as a form of child abuse. In the UK the link between domestic violence and the responsibilities of child protection agencies has been more recent (Home Office 2004). Services for children witnessing domestic are also novel and are typically offered within a refuge or women's shelter. The police service plays a much greater role in cases of domestic violence than child protection agencies, including the removal of victims and prosecution of perpetrators (Emery 2001). Statutory services are only now beginning to frame children's experiences of domestic violence as a concern to which they must respond.

How Might Evidence Influence the Development of these Services?

Research evidence has enjoyed a mixed and ambiguous status in the development of children's services. Strong consumer views and pragmatic constraints alongside a need to respond to extreme maltreatment have ensured research has played, at best, a secondary role (see e.g. Nutley *et al.* 1999). Consequently, the research community has become cynical about its ability to truly inform policy. There is a suspicion that politicians search for evidence that supports existing initiatives – so called policy-informed evidence (France and Utting 2005). Recommendations for more preventative activity and to support children currently ignored by children's services too seldom make their way into policy or practice change (e.g. Graham 2004).

If research is to make a greater impact on children's services and on current formulations of child maltreatment and domestic violence, it seems likely that two developments will be necessary. First, a greater variety and arguably a better quality of evidence should be marshalled so that we can

understand more about the aetiology of childhood difficulties and effective prevention and treatment responses. Second, the ways of thinking used by child development researchers must challenge orthodox responses to children's needs.

First the need for more evidence. There is a lack of good epidemiological and longitudinal data to uncover the causal mechanisms that link family problems with poor child outcomes and to provide prevalence data on local and national need. There is a place for more experimental evidence on the effectiveness of existing and emerging services to prevent family problems and to respond to impairments to children's health and development when they occur. Meta-analytic and systematic reviews are methods for achieving this (MacDonald 2004). More could also be done to help policy-makers and practitioners understand the rigour of different methods and to know when confidence can be placed in findings (Axford and Berry 2005).

Much of what is known about the use of aggression and violence in the family and its effect on children has been gleaned from convenience, clinical samples, for example, of children in the child protection system or resident in women's refuges or shelters (Margolin 1998a; Vogt 1999; Cawson *et al.* 2000). Apart from ignoring families who do not come forward to get help, these studies are biased towards women and children from poor backgrounds who have little or no means to escape extremely violent relationships (Jaffe *et al.* 1986; Hughes 1988; McCloskey *et al.* 1995).

As with child maltreatment, domestic violence services have tended to react to the problem rather than seeking to prevent it. For example, refuges have been the primary source for data collection for the many studies on the prevalence and effects of domestic violence over the years (Gelles *et al.* 1995), despite the fact that they are more likely to house women and children who have witnessed or experienced the most severe and chronic forms of violence and whose socio-economic circumstances

are generally dire (Davis and Carslon 1987; Hughes 1988; Jaffe *et al.* 1986; Pagelow 1982). As a result, it is largely unknown whether children in the community, who remain undetected or do not receive services, experience the same outcomes in the context of family violence (Cawson *et al.* 2000; Cawson 2002).

Research on the potential causes of impaired development or effective responses will shed light on the way in which risk and protective factors operate. It is important, for example, for teachers to know how a child's behavioural difficulties in school can be the result of violent family conflict or maternal depression. Such a way of thinking makes it more likely that the interventions will be targeted on the potential causes of the impairment and not the presenting symptoms. There may be many pathways leading to presenting behavioural difficulties (known as 'equi-finality'[6]; de Haan *et al.* 1994). Understanding how protective factors can reduce these risks is as valuable.

How else may ways of thinking from research influence policy and practice? There has been a growing acceptance that the aetiology and treatment of occasional minor violence may be quite different from that of repeated severe assaults (e.g. Larzelere *et al.* 2002; Gelles 1991; Holtzworth-Munroe and Stuart 1994). It is becoming clear that few abusive adults suffer from psychotic disturbances (Justice and Justice 1990; Spinetta and Rigler 1972; Wolfe 1987). This direction of study may help child protection and domestic violence researchers to disaggregate violence resulting from a pathological need to control (Larzelere *et al.* 2002) from what might be called 'ordinary' maltreating families whose needs will require different interventions (see Johnson 1995; Ooms 2001).

Naturally, when set against the historical context in which women have had to fight to bring the negative impact of male-to-female violence to light, the idea of giving equal attention to aggression by mothers and fathers

[6] This is distinguished from multi-finality, where one risk factor may lead to a number of different outcomes or difficulties.

may appear contentious. It is likely that the direction (man-woman, father-child, mother-child, etc.) of poor conflict resolution strategies is less important, for children's outcomes, than the presence or absence of these strategies (Straus 1993). There is no consensus on whether men and women differ in their use of aggressive conflict resolution strategies (e.g. Krug *et al.* 2002; Hamberger and Guse 2002; Straus 2007; Straus 2008). Some UK research suggests that there is little difference between the proportion of and extent to which mothers and fathers administer physical discipline (Nobes *et al.* 1999). Cawson (2002), in contrast, found that mothers are more responsible for minor forms of physical discipline. Adolescents typically report more conflict with their mothers, mainly because fathers are less involved in their lives (Montemayor and Hanson 1985). Conclusions are limited by inconsistencies in the data, such as the absence of fathers as respondents, but there is some indication that less involved fathers may be more responsible for severe physical punishment (Nobes and Smith 2000).

These data have important implications for children's services. Amato and Booth (1991) and Jouriles and Farris (1992) both found that fathers' parenting practice was the most vulnerable to marital stress. It may be that women are better able to separate their parenting and spousal roles, reducing the amount of spill-over of tension (Belsky *et al.* 1991). Coiro and Emery (1998) found, however, that it is marital status, particularly the process of divorce, which disrupts father's parenting more than martial conflict. Gender also mediates children's outcomes. Girls tend to show greater assertiveness and defiance in their interactions with their fathers (Kerig *et al.* 1993), while boys are more likely to report negative affect with their mothers (Osborne and Fincham 1996). Davies and Lindsay (2001) comment that the mechanisms underpinning this pattern of opposite-sex negativity require further investigation but they also open up several opportunities for new and more refined intervention strategies.

As knowledge about the pathways from risks external to the family, to poor family resolution techniques, to impairments in children's development

increases, the administrative categories used by children's services will be challenged. For example, child protection and domestic violence are treated as separate activities but, for some children at least, the root of the problem will be exactly the same. Or, to take another example, child protection investigations are routinely categorised under the headings of physical abuse, emotional abuse, sexual abuse and neglect (e.g. Department of Health 1995). These different forms of maltreatment often overlap and generally produce similar impairments to development (Cicchetti 1994). Evidence from several longitudinal studies further demonstrates that the consequences of the impairments that follow from maltreatment demand the intervention of special educational needs, mental health, youth offending and drug counseling services (Anderson *et al.* 2001; Brynner 2001).

If conflict between family members is not only normative or ubiquitous (e.g. Straus 1979) but also necessary for human development (e.g. Coser 1956) then children's services may be urged to respond differently to family disputes. Clearly conflict-avoidance techniques are unlikely to be very successful. Helping family members to understand the role of conflict, promoting effective resolution techniques and reducing opportunities for family conflict by targeting family stress factors, for example, may come into greater use.

Promoting effective conflict resolution techniques, by teaching parents and children to reflect and reason, alongside discouraging ineffective resolution strategies, such as the use of psychological or physical aggression may be of particular interest to policy-makers and practitioners. Since ineffective tactics are used in a high proportion of families, few of whom are known to children's services, there may be a switch in groups traditionally targeted by child protection and domestic violence specialists.

Better understanding of the timing and onset of impairments to children's development in response to specific stressors (Rutter 1989) such as poor

conflict resolution tactics could also open up opportunities for more targeted interventions. For example, much child protection activity is focused on a specific event, say when a child appears in school with a bruise, but it may be just as important to know how long parents have been rowing or to better understand the external stressor, such as a job loss or extra-marital relationship, which prompted a deterioration in conflict resolution techniques.

Evidence on the aetiology of poor child outcomes may begin to change the target of interventions and the place of their delivery. For example, many domestic violence services support women and their children and largely exclude, or work separately with, abusive men (e.g. NCJFCJ 1998). When the problem is pathological male violence, such a response is understandable but where the problem reflects aggressive and violent conflict resolution tactics between parents then interventions will need at least to involve the father. Similarly, much child protection activity is focused on the child. But where the abuse is the product of aggressive conflict resolution tactics, the parents may be the more obvious recipients of help. Domestic violence services are often provided from or within shelters. Child protection services are frequently delivered to children in foster or residential settings. The impact of, for example, mental health interventions may be muted by these settings.

Domestic violence, child protection and divorce, generally seen as distinct activities, are linked by family conflict. If the research evidence informing and resulting from this study stands up, divorce may be an important locus for intervention to prevent domestic violence and child maltreatment. There is a significant similarity between the nature of conflict in married and divorced couples (Forehand *et al.* 1990; Forehand and McCombs 1989; Forehand and Thomas 1992), albeit that levels of conflict may be higher just prior to divorce (Cummings and Davies 1994).

The nature and quantity of inter-parental conflict is a better predictor of children's adjustment than the experience of divorce. These data have important implications for intervention. For example, divorce mediation has been shown to have little impact on children's psychological adjustment or the quality of the parent-child relationship (Pearson and Thoennes 1984; Kelly *et al.* 1988; Kelly 1990; Emery *et al.* 1994). However, when mediation is offered to families that use damaging conflict resolution tactics, intervention reduces aggression and violence leading to improved child mental health (Kitzmann and Emery 1994).

The effects on children of poor conflict resolution strategies are likely to be broad. Research thus far has indicated that aggressive strategies used by couples and parents lead to difficulties for children's emotional, behavioural, intellectual and social development. Further research is likely to add to this list. The challenge for children's services policy and practice is to ensure that the responses to children and families needs are equally broad. Despite increasing attention and discussion given to multi-agency collaboration (see, for example, Kendrick 1995; Sloper 2004; White and Featherstone 2005), there is still little integration of the services and the professionals that serve children and families, for example, child protection, mental health services, education or youth justice.

If it is shown that the wider social context of families, schools, neighbourhoods and communities alters the odds of aggressive conflict resolution strategies being used, as well as how children respond to conflict exchanges, then the focus of policy may begin to shift. For example, work in schools to improve children's social and emotional regulation, such as the *Promoting Alternative Thinking Strategies* (PATHS) programme (Greenberg *et al.* 1995), may act as a buffer against stresses in the family home, without any adverse effects for those children experiencing an idyllic home life. Similarly, work to bolster community cohesion may not only act as a protective factor for children exposed to the risk of poor family conflict resolution techniques but also have the

effect of reducing the risk. Such interventions are quite different from traditional child protection and domestic violence shelter activity.

A greater understanding of the moderating role of school, neighbourhood and societal contexts may urge more analysis into the unintended effects of social policies, for example, covering taxation, benefits and unemployment, which may increase poor conflict resolution or reduce potential moderating influences. Social policies have direct effects on family life, for example their socio-economic status, as well as indirect effects, for example by reducing parents availability to their children, undermining parental responsibility or reducing social cohesion within a community.

Getting services more closely aligned with the emerging evidence base will demand a more sophisticated use of research. To take two examples: first, greater distinctions could be made between risk and probability. The same risk factor may increase the chances of a poor outcome in one context and decrease it in another (Pickles and Rutter 1991; Laub *et al.* 1998). For example, a history of child maltreatment may heighten the risk of parents being aggressive towards their own children but the probability of this occurring is small. Approximately 30 per cent of people who were abused as children go on to maltreat their own children, compared with five per cent in the general population – indicating a six-fold increase in risk. However, the majority of those who experience maltreatment do not perpetuate the aggression in later life (Kaufman and Zigler 1987; Oliver 1993).

Second, although more is known about the aetiology of childhood difficulties and the contribution of poor family conflict resolution tactics, it remains difficult to pick out children most at risk. Browne (1995; 2002), for example, reports on the dangers of using risk checklists to screen for families at risk of maltreatment. Some risks, for example, a history of family violence or socio-economic problems, predict abuse but only a small percentage – sometimes as low as five per cent – of those screened

as ‘high-risk’ go on to maltreat their children. There are many false-positives (non-abusing families labelled as high-risk) yielded by screening programmes. This is not to say that screening is unhelpful but the tools do demand a sophisticated understanding of research evidence from policy-makers and practitioners.

Conclusions

Children's services reflect a long history of discovery. Some of the recent evidence and results emerging from this study may challenge orthodox views about how to help children who are victims of aggression and violence. Much current provision is aimed at a small proportion of children, mainly from poor families, who are victims of severe maltreatment or whose mothers have been badly beaten by their fathers. Much attention is paid to families going through divorce, but most of that attention deals with legal and financial matters.

Family conflict is common to all families. Poor conflict resolution involves aggression and violence. Low socio-economic status is a risk but these strategies are employed in all parts of society. The incidence levels are higher than for reported child protection and domestic violence cases, and the evidence points to strong links to impairments in children's health and development. This phenomenon may envelop some or all of the problems of some cases caught up in child protection, domestic violence and divorce systems, but it is quite distinct from pathological violence.

While there has been considerable focus in research and policy on the way in which violence can and is used as a tool for exerting power and control within relationships, far less attention has been paid to situations where aggression and violence may emerge out of normal family practices. Clearly, all children have a right to be protected from violence of any kind. But for a proportion of children in need the evidence may suggest new interventions with new targets and different expectations for

impact. This chapter has suggested some ways in which this conversation may develop. However, children's services are old and the child development evidence reviewed in this chapter is relatively new. More work is needed before firm conclusions can be reached. In particular, more knowledge is needed about the prevalence of the problem, the varying impact it has on children and how the contexts of family, school, neighbourhood and community shape the influence it has on children. That is where this study goes next.

Two sub-studies are reported. The first examines the prevalence of different conflict resolution strategies used in a normative community sample. This information may aid policy-makers and service planners by providing an understanding of the potential need and demand for services that may prevent or reduce the impact of family disputes on children's health and development. The first sub-study also investigates the impact of poor conflict resolution strategies in two family relationships: the parent-child and the inter-parental relationship.

The second sub-study examines the way in which context moderates the risk of poor conflict resolution tactics to children's health and development. More specifically, the study investigates the extent to which the relationships and structural components of the family and community alter children's responses to experiences of aggression at home. It is anticipated that a broader understanding of these contexts may better explain the variance in children's health and development and suggest new intervention strategies.

The relevance of findings from these studies for children's services will be explored in Chapter Ten. Before getting to the empirical evidence, the next chapters summarise the study's research questions and hypotheses and describes the methodology that was adopted.

CHAPTER 5: RESEARCH QUESTIONS AND HYPOTHESES

This chapter summarises the research questions explored and hypotheses tested by the two sub-studies.

Study One: The Prevalence and Impact of Family Conflict Resolution Tactics on Children's Psychosocial Functioning.

Research questions

1. What is the point prevalence[1] of aggressive inter-parental conflict tactics (IPCx) in families with children in a normative community?

2. What is the point prevalence of aggressive parent-child conflict tactics (P-CCx) in families in a normative community?

3. What is the point prevalence[2] of children's psychosocial difficulty in a normative community?

4. Does exposure to aggressive conflict tactics used by parents (IPCx) increase children's risk of developing psychosocial difficulties?

5. Does the experience of aggressive conflict tactics used by parents towards children (P-CCx) increase children's risk of developing psychosocial difficulties?

6. Does combined exposure to IPCx and P-CCx increase children's risk of developing psychosocial difficulties?

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[1] Point prevalence is distinguished here from total prevalence as the number of cases at any one given time point. It is sometimes used as synonymous with incidence, although the latter term typically refers to the number of new cases within a given timeframe (usually a year).

[2] Referred to hereafter as 'prevalence' unless distinguished otherwise from period or total prevalence.

7. Which of the three groups above (IPCx only, P-CCx only, or combined IPCx and P-CCx) produces the most elevated risk for children?

Hypotheses

Based on the existing evidence reviewed in previous chapters, eight hypotheses were advanced with respect to the first study's research questions. Hypotheses are numbered to aid links with the analysis strategy, set out in the following chapter.

H1: It was expected that exposure to aggressive conflict strategies between parents (IPCx) would increase children's risk of developing emotional and/or behavioural difficulties.

H2: It was expected that *physically* aggressive conflict tactics between parents would increase the risk for children's emotional and behavioural difficulties, compared with *psychologically* aggressive strategies.

H3: It was expected that the degree of children's emotional and/or behavioural difficulties would be related to the degree or frequency of aggressive conflict tactics between their parents.

H4: It was expected that the experience of aggressive conflict strategies used by parents against children (P-CCx) would increase children's risk of developing emotional and/or behavioural difficulties.

H5: It was expected that *physically* aggressive tactics used by parents against children would be associated with greater levels of difficulty compared to *psychologically* aggressive tactics.

H6: It was expected that the degree of children's emotional and/or behavioural difficulties would be related to the degree or frequency of aggressive conflict tactics they experienced from their parents.

H7: It was expected that the combined experience of aggressive inter-parental (IPC) and parent-child (P-CC) conflict strategies would increase children's risk of developing emotional and/or behavioural difficulties.

H8: It was expected that combined exposure to aggressive inter-parental and parent-child conflict tactics would be associated with greater levels of difficulty compared to single-type (IPC or P-CC) aggressive conflict tactics.

Study Two: The Moderating Role of Context

Research question

This study advanced one central question: do contextual factors influence the relationship between exposure to family conflict and children's developmental outcomes? The study adopted an ecological approach to examine whether child-specific, parent-specific, family-level, and community or neighbourhood factors moderated the relationship between aggressive conflict and poor adjustment in children.

The focus of the study was on risk accumulation and whether it was possible to predict children's greater vulnerability in the context of aggressive family conflict given wider contextual factors known to be associated with conflict and violence. The aim of the component was to facilitate improved policy and practice prevention and intervention efforts for children who experience family conflict and violence.

Hypothesis

H9: It was hypothesised that significant characteristics of the relationships and structural components of a context would moderate how children respond to experiences of aggressive family conflict resolution. That is, risks at the child, family and community level would be implicated in altering the strength and/or direction of the relationship between exposure to conflict and children's adjustment. In addition, it was hypothesised that there would be significant interaction effects between contexts, such that

community-level influences would be important for understanding how children respond to family-based risk.

Chapter Six, that follows, outlines the method adopted to explore and test these questions and hypotheses.

CHAPTER SIX: METHODS

This chapter describes the methods used to study the research questions and hypotheses summarised in the previous chapter. It begins with a discussion of the limitations of previous research and how these are addressed in this study. The research design is described, followed by the constructs and measures used in data collection. The analysis strategy is described with respect to each of the hypotheses outlined in the previous chapter. The chapter closes with a discussion of the ethics of the study.

Limitations of Previous Studies

Any field of research is handicapped by limitations in its methods. The field of family conflict is relatively new and, as it has evolved, some common methodological weaknesses have curtailed the confidence that investigators can place in their findings. The study at hand has sought to learn from these limitations and address them where possible.

Sampling

Sampling has been a constant challenge. Gelles and colleagues (1992, 1993a, 1995) identify three primary types of data used in the field: clinical data and case studies, official report data and self-report surveys. Most studies conducted under the rubric of 'domestic violence' or 'child abuse' have focused on clinical populations, taken from shelter residents, for example, or official records, such as the children and families notified on child protection registers. These samples best represent children at the high-end of the spectrum of need, having experienced severe or enduring levels of violence (Davies and Carlson 1987; Pagelow 1982). Community-based surveys that are representative of the population as a whole are rare. Large samples assembled at high financial cost have been needed to include victims of maltreatment or domestic violence in sufficient numbers to permit meaningful analysis.

Convenience samples (where 'subjects are selected for a study not because they are representative but because it is convenient to use them' (Vogt 1999, p.57)) also tend to produce a preponderance of children and families in contact with services. This approach also produces an over representation of families living on low incomes (Davies and Carslon 1987; Hughes 1988; Jaffe *et al.* 1986) and with lower educational status (McCloskey *et al.* 1995), a legacy of children's services' focus on intervening with poor or disenfranchised families. Convenience samples rarely reveal much about children in the community who are exposed to risks to their health and development but who remain undetected by services (Cawson *et al.* 2000; Cawson 2002).

Comparison groups

Few studies in the field of family conflict have used matched comparison group designs (Fantuzzo and Lindquist 1989; Wolfe *et al.* 2003). This approach permits the assessment of the impact on children exposed to aggressive conflict resolution strategies compared to those not exposed. The design provides the counter-factual; that is the outcome for children in the absence of a measured phenomenon, such as child maltreatment or domestic violence. Without a comparison group, it is impossible to say whether the outcomes observed are the result of normative development or other confounding variables and not the hypothesised risk. Where control groups have been used, too often there has been inadequate matching on demographic or distress variables (Fantuzzo and Lindquist 1989).

Defining the nature of the problem

There has been a general failure in studies of family conflict to define the nature, frequency and duration of the resolution strategies to which children are exposed (Barnett *et al.* 1995). Studies have tended to analyse presence or absence of verbal or physical aggression. There has been less attention given to what might be called 'normal' conflict resolution strategies than abusive behaviour. Too few studies have sought to measure the impact of different doses of aggression. The few studies

available find that outcomes are usually positively correlated with increases in the severity, frequency and length of children's negative experiences (e.g. Grych 2001; Winstok 2007).

Reporting problems

Early studies in the field relied heavily on adult 'survivors' recall. (Roberts and Taylor 1995). Notwithstanding the many ethical concerns (Berry 2006), retrospective recall of maltreatment experiences has variable accuracy (Widom and Shepard 1996; Henry *et al.* 1994). It is possible that the trauma of the experience may affect not only the person's ability to recall the incident but may also distort the nature of the memory (Bowlby 1980; Kaufman and Zigler 1987).

In addition, adults tend to underestimate the extent to which children are exposed to aggression between their parents, perhaps because they do not want to consider their contribution to the impairments in their children's well-being (e.g. Osofsky 2004). Young people and researchers do not always share conceptualisations of abuse (Cawson et al. 2000; Cawson 2002). *Who* is questioned about aggressive conflict and violence, and *when* they are questioned has a bearing on the resulting answer.

Cross-sectional data

The lack of longitudinal and follow-up studies has limited understanding about the impact of poor conflict resolution on child outcomes (Maker *et al.* 1998; Silvern *et al.* 1995). The majority of studies have used cross-sectional data, questioning subjects at a single point in time. The approach is appropriate for many research questions, but can only be used to demonstrate correlations or associations between variables and never to infer cause. Understanding causal pathways demands longitudinal data.

Stressors and buffers

Until recently, there has been little consideration of stressors or buffers that might confound or alter the effects of aggressive conflict and violence on children's adjustment. For example, it is common to find problems such

as low socio-economic status, low parental education, young parents and unemployment when there is family violence, however, very few studies have controlled for these factors in examining the impact of conflict and violence on children's health and development. Belsky and Stratton explain this problem well when they say that 'the kinds of adaptation elicited from a parent or a child by one aspect of a potentially abusive environment may create greater vulnerability to a second factor when present. By the time the child and their parents are adapting to several deleterious factors they may have patterns of coping and of interaction that make abuse highly likely' (2002, p.96).

Design

The research questions for the two studies could not be answered with the resources typically available to a doctoral student. It was therefore decided to piggyback an existing community study. The selected dataset was designed to better understand the well-being of children, influences on development and services received in a sample selected to be representative of children living in Dublin, Ireland. Details of this study are available in Appendix B. Measures were added to this survey to ensure that it answered the questions asked by the Ph.D. study.

Although the Dublin study was longitudinal, this study only made use of cross-sectional data gathered during the first wave of data collection (Wave One data collected between May and October 2003). In the analysis, the strategy for which is described below, there were four occasions when cases were removed because the children constituted statistical 'outliers'. The criteria for deciding on their removal are described in Appendix C.

Concepts and Constructs

The study focuses on three central concepts: inter-parental conflict and violence; parent-child conflict and violence; and children's psychosocial

functioning. These concepts are then viewed in the context of the ecological systems in which the child lives.

Inter-parental conflict and domestic violence

In its strictest sense, inter-parental conflict (IPC) occurs when there is disagreement, dispute or conflict of interest between intimate partners. IPC strategies or tactics are the means to attempt to resolve or end the conflict (Straus 1979; Straus 2007). Resolution tactics are varied but in this study are conceptualised as reasoning and negotiation, psychologically aggressive tactics or physically aggressive strategies. The inclusion of the latter strategy is contentious, for reasons explored in Chapter Four, however there is good evidence that minor physical aggression, at least, is a common response to family conflict (Straus 1979). Both the disagreement as well as the strategies used to resolve the dispute can be understood as existing on a continuum, ranging from low to high severity, frequency and chronicity. Since it is central to the study, the shorthand reference IPCx indicates the use of psychologically or physically aggressive resolution strategies in the context of conflict in the inter-parental relationship.

While domestic violence is closely tied to physically aggressive tactics between intimates, there are differences of opinion about whether this relates on the whole to men's abuse of women or to aggression by either gender. Terminology tends to be inconsistent in studies, producing confusion about whether studies investigating 'wife abuse', 'spouse abuse', 'physically aggressive couples' or 'marital violence' are concerned with the same phenomenon. Some researchers have argued that definitions must go beyond a concern with physical aggression and include the 'visual, verbal, or sexual acts that are experienced by a woman or girl as a threat, invasion, or assault and that have the effect of hurting her or degrading her and/or taking away her ability to control contact with another individual' (Koss *et al.* 1994, p.xvi). There can be little doubt that multiple victimisation of women occurs and demands a response by society. However, few studies have successfully operationalised the

construct and consequently little empirical data about incidence or sequelae exists.

In this study, domestic violence or DV is conceptualised as a service construct. It captures the experiences of women who have been subject to physical violence, often including psychological, sexual violence and financial control at the hands of their intimate partners, and that would warrant the intervention of a domestic violence shelter or the police. DV and IPCx can have physical violence as a common factor but DV is distinct in two ways. First, with DV, the violence will be motivated by a pathological desire for control and power, and not as a tactic to resolve conflict. Second, DV may be accompanied by other controlling behaviours, such as sexual violence or financial control. Physical aggression or violence, in the context of DV, is thus more likely to be unprovoked, severe and prolonged over a period of time, whereas IPCx is generally confined to the point of conflict.

Parent-child conflict and child maltreatment

Parent-child conflict or P-CC is ubiquitous in the relationship between a parent and a child. Various tactics are used to resolve the conflict. For the purposes of the study, the focus is narrowed to the conflict that arises from the parent's role in socialising and disciplining the child, such as providing boundaries and rules for behaviour (Straus and Hamby 1997; Creighton *et al.* 2003).

The tactics used to resolve the conflict and produce compliance in the child are conceptualised as either negotiative or coercive, the latter indicating psychological or physical aggression and summarised by the shorthand P-CCx. A distinction is made between minor and severe physical aggression. The former includes behaviours considered under UK and Irish law to form reasonable chastisement of the child or disciplinary tactics, for example, spanking or smacking.

How does P-CCx differ from child maltreatment? The latter has been used as the umbrella term for the variety of abusive or neglectful behaviours perpetrated against children, not exclusively at the hands of their parents. Emery and Laumann-Billings (2002) make a further distinction between child maltreatment, which is unsatisfactory but does not always harm the child, and child violence, which may cause serious harm. There are no universal definitions of child maltreatment (Korbin 1997) and most are based on rapidly changing social judgements. Criminal law generally distinguishes between corporal punishment; that is the physical chastisement or discipline of children that is 'reasonable', and physical abuse that is excessive or unwarranted. But the application of the law is varied. Whereas in the UK and US corporal punishment is legal, in the Nordic countries all forms of physical assault are considered a crime against the child.

Some, but not all, P-CCx will be considered as child maltreatment and attract the interest of child protection agencies. Where they get involved, these agencies would categorise the P-CCx as physical or psychological – sometimes called emotional – maltreatment.

Psychosocial difficulty

IPCx is much broader than DV, and P-CCx is much broader than child maltreatment. DV and child maltreatment are viewed as harmful. But what about IPCx and P-CCx? And how is this harm conceptualised?

The primary focus of this study is psychosocial difficulty. This encompasses a wide range of problems and disorders that can affect children's day-to-day functioning. Two constructs were used: emotional difficulty and conduct or behavioural difficulty. Emotional difficulty refers to those aspects of a child's psychological functioning that manifest as affective or depressive symptoms. There is a continuum from minor, infrequent and short-lived feelings of sadness or angst to more pervasive, enduring disorders that significantly disrupt functioning (see Harrington 2002; Klein and Pine 2002). Emotional difficulty is often referred to as

'internalising behaviour', and is referred to as such in the widely used Child Behavior Checklist (Achenbach 1991). The construct includes withdrawal, inhibition and introspection.

Conduct difficulties are manifest as antisocial or non-compliant behaviour. This includes aggressive behaviour, such as fighting and non-aggressive behaviour like lying and cheating. Like emotional difficulty, conduct problems occur on a continuum. All individuals exhibit some conduct problems but few people display many or have difficulties that persist over time (Earls and Mezzacappa 2002). Mirroring emotional difficulty, conduct problems are often referred to as 'externalising behaviour' indicating that the person directs their behaviour outwards affecting their interaction with others.

Emotional and behavioural difficulties are not the only sequelae of IPCx and P-CCx. They were selected as the outcome measures for this study on two grounds. First, they are the two aspects of children's health and development most likely to be affected by exposure to poor conflict resolution strategies. Children may model aggression between parents, fail to learn emotional self-regulation techniques or use anti-social behaviour to get attention. Second, poor emotional and behavioural adjustment have the potential to disrupt other developmental progress, for example, in relationships with friends or educational achievement.

The ecological contexts

The study also examines the ecology of the child's life and, in particular, whether individual, family, and neighbourhood contexts moderate the risks associated with family conflict for child outcomes. There are many ways to categorise these contexts and the factors within them. This study explores the impact of the child's individual characteristics, the parents' individual features, the status of the family as well as features of the neighbourhood.

Factors included for analysis include:

Child	- Age - Gender
Parents	- Age - Employment status - Alcohol and drug use - Physical health - Education - Mental health
Family	- Socio-economic status - Social class - Family type - Family size - Accommodation
Neighbourhood	- Community violence - Social support networks

Measurement

A search was conducted for standardised instruments that had been used to measure the preceding concepts and constructs. For each construct, potential measures were compared using 13 criteria, identified by the Center for Substance Abuse Prevention (1999), including the availability of the measure, the length and ease of its administration, and its reliability and validity. Some of the criteria were particularly important for the Ph.D. For example, to be included in the survey, which was already an hour long, the instruments had to be relatively brief. Avoiding interviewee fatigue was a priority.

Inter-parental conflict resolution

Inter-parental conflict strategies were measured using the Conflict Tactics Scales (CTS; Straus 1979). The CTS is an 18-item scale, originally

designed to be administered to different family members to represent roles and relationships, namely: husband-to-wife; wife-to-husband; father-to-child; child-to-father; mother-to-child; child-to-mother; child-to-sibling; and sibling-to-child. CTS is arguably the most widely used scale for measuring intra-familial violence, although it has largely been used in relation to conflict between partners. A revised version has been created for use in the context of the parent-child relationship (the Conflict Tactics Scales Parent to Child, CTSPC; Straus *et al.* 1998) but this was not used in this study.

The CTS consists of a list of tactics or strategies used to resolve family conflict. In keeping with the ideas forwarded in Chapters Two and Three, a distinction is made between the presence of conflict (a dispute or disagreement between two or more parties) and the tactics or strategies employed to resolve that conflict. The scale is divided into three sub-scales, representing qualitatively different types of conflict tactics: reasoning, verbal aggression and violence. The 'reasoning' sub-scale consists of three items that indicate the presence of rational discussion and negotiation. These items are all non-aggressive in nature. The 'verbal aggression' scale consists of six items of spoken and symbolic aggression, for example, insulting, swearing, sulking or refusing to discuss the matter. The 'violence' scale includes nine items where physical force has been used, for example, grabbing, hitting or kicking. Six items capture severe violence.

The reliability of the scale has been shown to be acceptable, with Cronbach's alpha co-efficients of .76 for reasoning, .88 for verbal aggression and .88 for physical aggression. A re-testing with data from this study showed the scale held up in the context of an Irish population with co-efficients of .72 for reasoning, .89 for verbal aggression, .88 for physical aggression, and .89 for the scale as a whole. There is also good concurrent, content and construct validity of the scale (Straus *et al.* 1979; Straus and Hamby 1997). Normative data is available for the scale, obtained from national probability samples (e.g. Straus *et al.* 1979; Straus

and Gelles 1980) and percentile norms allow for easy comparison of datasets.

There have been many criticisms of the CTS. It does not examine the context in which the tactics are used (see, for example, Dobash *et al.* 1992; Yllo 1993; Kurz 1993). More specifically, the scale does not take account of the purpose or reason for the initiation of the action, such as self-defence, or its consequences, such as injury. If, as some researchers claim, female-on-male violence is qualitatively different from male-on-female violence, for example due to the amount of physical injury produced (Mirrlees-Black 1999), then the CTS does not pick this up. A second version of the CTS, the CTS2 (Straus *et al.* 1996) addresses this issue. It was not used for the Ph.D. study due to cost and the primary focus of the investigation being normative conflict.

In this study, all three sub-scales of the CTS were used to measure the way in which intimate partners dealt with situations of conflict. Two scales were self-completed by the interview respondents. The first asked about tactics used by the respondent towards their partner while the second scale asked about the partner's behaviour towards the respondent. The approach makes a distinction between aggression and non-aggression, and violence and non-violence. Aggressive behaviours refer to acts 'carried out with the intention of, or perceived as having the intention of, hurting another person. The injury can be either symbolic, material, or physical.' (Straus, 1979, p.77; Gelles and Straus 1978). Aggression therefore includes both psychologically as well as physically aggressive behaviours and is contrasted here with non-aggressive actions such as reasoning and negotiation. Violence, however, specifically refers to the use of physical force or aggression (Gelles and Straus 1978).

There are several methods for scoring the CTS, detailed in Straus (1979). The most common is to create both a continuous or interval score indicating the number of times tactics have been used alongside a categorical variable indicating the presence or absence of the three sub-

types of tactic. The approach was applied in this study. Consequently, it was possible to calculate an overall violence score, a score for minor violence and physical aggression, and a score for severe violence.

IPCx was also measured using the Things I Have Seen and Heard (TISH) scale (Richters and Martinez 1990), which is administered to children between the ages of six to fourteen years. This instrument comprises 15 items that probe children's direct exposure to violence at home and in the community. Two items from the instrument were used - 'I have heard adults in my home shout at each other' and 'I have seen adults in my home hit each other'. Young people are asked to indicate or endorse how often these situations occurred, with options of never, once, twice, three times, or more than three times.

Internal consistency for the scale is reported as ranging between .76 and .80 and a test-retest reliability co-efficient of .81 (*ibid.*; Richters and Martinez, 1993). In this study, the scale generated an acceptable Cronbach's alpha co-efficient of .75.

Parent-child conflict resolution

Parent-child conflict resolution was measured using the Misbehaviour Response Scales (MRS; Creighton *et al.* 2003). The MRS is a 25-item scale adapted from and developed out of the CTSPC (Straus *et al.* 1998). It measures parental responses to conflict with children, including violence. It has been adapted for use in Britain and is the basis of evidence of normative patterns of punitive behaviours by British parents (Smith 1995; Nobes *et al.* 1999). According to the authors, 'the naming of the scale, the introductory wording to the scale and the gradually decreasing social acceptability of behaviours included were designed to 'give permission' for parents to admit to using behaviours that they may have condemned as unacceptable in an earlier part of the questionnaire' (Creighton *et al.* 2003, p.35).

Like the CTS, the MRS consists of a list of tactics or strategies that a parent might use in a situation of conflict with their child. Also like the CTS, the MRS separates qualitatively different types of conflict resolution tactics: non-aggressive tactics, psychologically aggressive tactics and violence. Non-aggressive tactics include reasoning with the child, diverting the child's attention and using a mediator to sort out the conflict. Psychologically aggressive tactics include both verbal and symbolic acts of aggression, for example insulting or swearing at the child or giving them the 'silent treatment'. Finally, the violence scale includes minor and severe acts of physical aggression, for example smacking, shaking, grabbing, hitting or kicking. Parents are asked to indicate how often they have engaged in any of these behaviours with their child in the past year. Response frequencies include: never, not in the past year but it has happened before, once or twice, three to ten times, 11 – 20 times, more than 20 times in the past year.

Scores are calculated in two ways, first by adding up the frequency responses to give an interval score for the sub-scales and total scale, and second by creating a dichotomous variable indicating presence or absence of each type of tactic in the past year. The MRS was tested for internal reliability, yielding an average Cronbach's alpha of .88 for the total scale. Test-retest reliability was conducted on parts of the questionnaire to assess external reliability and gave a Spearman's rho of .87 (Creighton *et al.* 2003).

The MRS was administered in this study to respondents for up to two children in the household aged between three and 12 years. As the evidence in Chapter Two shows, it is thought that children aged less than two years do not intentionally resist parents and, therefore, could not be thought of as participants in a conflict. Four groups of children were generated from the scoring: those that had experienced non-aggressive tactics only from their parents in the past year, those that had experienced psychologically aggressive tactics only (i.e. no physical aggression), those that had experienced minor physical aggression (what might be referred to

as corporal punishment), and those that had experienced more severe physical violence. Internal reliability for the scale as a whole was good with a Cronbach's alpha of .85.

Children's psychosocial functioning

Conduct and emotions of participants in the study were measured using the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997). This is a 25-item self-completion questionnaire that can be administered to parents and teachers on behalf of four to 16 year olds, and to young people over the age of 11 years (Goodman *et al.* 1998). Based on relevant psychopathology classifications from the Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM-IV; American Psychiatric Association 1994) and the ICD-10 (World Health Organisation 1993), ten of the 25 statements would generally be thought of as strengths, for example, 'Child has a good attention span'; 14 as difficulties, for example 'Child is easily distracted', and one item is neutrally worded: 'Child gets on better with adults than with other children'.

The questionnaire is available in over 30 languages and has been widely used in epidemiological, developmental and clinical research. The most widely used research instrument for measuring conduct and emotions is the Child Behavior Checklist (CBCL; Achenbach 1991). But the scale is over 100 items long, pays less attention to children's strengths and can be difficult to use by interviewers when compared to the SDQ.

The SDQ is broken down into five sub-scales: 1) emotional symptoms scale; 2) conduct problems scale; 3) hyperactivity scale; 4) peer problems scale; and 5) prosocial scale. Each sub-scale consists of five questions, which are rated as either: 'not true', 'somewhat true' or 'certainly true'. Depending on whether the statement is worded as a strength or difficulty, responses are scored as zero, one or two points. Sub-scale scores can be totalled individually – a minimum score of zero denotes no difficulty, a maximum score of ten denotes high difficulty. A total difficulties score is calculated by adding up the scores for the first four sub-scales – a

minimum score of zero denotes no difficulty, a maximum score of 40 denotes high difficulty. The prosocial scale is omitted from the total difficulties score because the absence of prosocial behaviour is not viewed as synonymous with the presence of psychological difficulties (Goodman 1997).

In addition to the continuous interval scores for the sub-scales and total scale, the scores can be categorised according to cut-off points that equate to predictions for conduct-oppositional disorders, hyperactivity-inattention disorders and anxiety-depressive disorders. Score ranges suggest whether a disorder is unlikely (low need), possible (some need), or probable (high need) (Goodman *et al.* 2000). The abnormal cut-off point for emotional symptoms (risk for anxiety-depressive disorders) is a score of seven and above (out of ten), and a score of five and above for conduct problems (risk for conduct-oppositional disorders) (Goodman 1997).

The instrument has good validity and reliability. It has been compared against both the Rutter A and B scales (Goodman 1997) and the Child Behavior Checklist (CBCL) (Goodman and Scott 1999) and found to have good concurrent, discriminant and predictive validity. Internal reliability of the individual scales and total scale are also acceptable: Smedje *et al.* (1998) report Cronbach's alpha scores on adult-completed scales of .76 for the total difficulties score; .75 for hyperactivity; .70 for prosocial behaviour; .61 for emotional symptoms; .54 for conduct problems; and .51 for peer relationships difficulties. In addition, test-retest reliability scores of .75 (Goodman 1997) and .96 (Smedje *et al.* 1998) for the total score have been reported.

In the present study, SDQ questionnaires were administered to the main caregiver reporting on children in the household aged between three and 17 years (Adult SDQ). In addition, young people over the age of 11 years self-completed the instrument (YP SDQ). Due to time constraints, only two Adult SDQs and two YP SDQs were completed per household. The SDQ generally had good reliability in the present study. Cronbach's alpha

scores for the adult-completed SDQ scales were .82 for the total scale; .53 for conduct difficulties; and .67 for emotional symptoms. Young people's self-report had slightly lower reliability but was still acceptable at .76 for the total scale; .32 for conduct difficulties; and .64 for emotional difficulties.

Not all of the families in the larger Dublin-wide survey on which this study piggybacked completed the measures just described. Due to time and budget constraints, the four main scales were applied to two children per household, where they met the appropriate age range for the instrument. The full survey instrument can be found in Appendix D.

Table 1 overpage summarises the main measures and instruments used from the larger study. The table details the number of children for whom a valid scale was completed and the percentage of the larger Dublin sample that this comprises. It also represents this as the proportion of children, from the larger sample, in the specified age range of the instrument. Some children were 'not applicable' for the instrument due to age range or family composition, for example being a single parent. In addition, some cases were excluded from the analysis due to incomplete or missing data, or a refusal to participate. A small proportion of children had zero scores for the MRS (n = 5) or the CTS (n = 16). Straus (1979) advises that these cases are excluded from the analysis since they violate a central principle of conflict theory; that it is present in all families. They are included in the table under 'not applicable'.

Ecological context

It was not possible to include standardised measures for each of the ecological context constructs due to time constraints related to the larger survey. The study has therefore relied upon a number of proxy measures taken from the broader survey on which the Ph.D. piggybacked. The survey gathered good data on children's living situation, family and social relationships, education, and access to services and support. The Ph.D. study made use of 17 variables from the larger dataset. They were selected to capture the ecological contexts of the individual child; the

family context, including parental characteristics; and the neighbourhood. The variables are detailed in Chapter Eight, Table 2.

Table 1: Study instruments and samples.

	MRS[1]	CTS[2]	SDQ Adult[3]	SDQ YP[4]	TISH[5]
Age range in years	3 – 12	0 – 17	3 – 17	11 – 17	11 – 17
Valid cases (n) Un-weighted	323	440 201 families	385	125	140
% Larger sample	49%	67%	59%	19%	21%
% Age range	78%	67%	70%	60%	67%
Not applicable / zero scores	316 + 5	149 + 16	224	458	458
Missing data / Refusal	13	52	48	74	61
Weighted (n)	321	425	388	126	140

Testing Hypotheses

Each of the hypotheses described in the previous chapter was subjected to a specific analysis strategy.

Hypotheses One and Four

All children who had been exposed to at least one form of psychologically or physically aggressive conflict strategy were included in the analysis. One-way Analysis of Variance (ANOVA) tests were used to compare these children on the two outcomes measures with children who had not been exposed to any aggressive strategies. T-tests were used to assess whether the means of two groups were statistically different from each other. ANOVAs were used when comparing three or more groups. Tukey

[1] MRS: Misbehaviour Response Scale.
[2] CTS: Conflict Tactics Scales.
[3] SDQ Adult: Strengths and Difficulties Questionnaire for the Child completed by the Adult Respondent.
[4] SDQ YP: Strengths and Difficulties Questionnaire for the Child completed by the Child.
[5] TISH: Things I Have Seen and Heard scale.

post-hoc tests were performed to delineate significant differences between groups.

Hypotheses Two and Five

In addition to the ANOVA tests, Mann-Whitney, Kruskal-Wallis and Median tests assessed whether mean scores for the physically aggressive groups differed from psychologically aggressive groups. Unlike the ANOVA, these tests do not assume that the outcome or dependent variables are normally distributed. Such non-parametric tests are used when the samples tested cannot be assumed to have equal variances or the source populations are not considered normally distributed.

The Mann-Whitney U test assesses whether the medians between two samples of observations are the same. The null hypothesis is that the two samples are drawn from a single population, and therefore that the medians are equal. It requires the two samples to be independent, and the observations to be ordinal or continuous measurements.

The Kruskal-Wallis test provides the same analysis where there are more than two independent samples (k samples) being compared. A Median test tests the null hypothesis that the medians of the populations from which two samples are drawn are identical and a Pearson's chi-square test is used as a test of significance to determine whether the observed frequencies in each group differ from expected frequencies derived from a distribution combining the two groups (Sirkin 1999).

Hypotheses Three and Six

Correlation analysis was used to assess the relationship between the amount of aggression in either the inter-parental or parent-child relationship and children’s degree of difficulty (both continuous variables). In addition, line graphs were used to represent how standard percentile conflict groups (below the 25th percentile, between 26th and 50th, between 51st and 75th, between 76th and 90th, and above the 91st percentile) differed with respect to their degree of difficulty.

Hypotheses Seven and Eight

Generalised Linear Models were generated to test whether the combined group of ICP and P-CC fared worse than single-type groups. GLM is a generalisation of the linear regression model that predicts responses both for dependent variables with discrete distributions and for dependent variables that are nonlinearly related to the predictors. It includes the linear regression model, ANOVA, discriminant function analysis and logistic regression.

Since many of the contextual predictors in the present study were summarised into dichotomous or ordinal data, the GLM was used to run factorial ANOVAs that allowed categorical predictors to be regressed against continuous dependent variables (those measuring children's emotion and conduct). Error bar charts were also generated to visually represent the mean scores and 95% confidence intervals for each of the nine conflict resolution groups as well as single- versus dual-type aggression groups.

Hypothesis Nine

It was initially envisaged that the extent to which contexts of family and neighbourhood moderated the risk of poor family conflict resolution would be tested using Structural Equation Modelling (Hoyle 1995). This technique is being used increasingly in process-oriented research as it allows a number of variables to be entered into a model simultaneously to test for their relative contribution to the outcome. In the event, there was insufficient data to use this technique reliably.

Instead, where both the independent and dependent variables were continuous data, for example where the amount of violence exposure predicted the degree of conduct difficulty, linear regression analyses were used. There are two situations, however, in which a simple linear equation cannot be used: when the distribution of the dependent variable is not continuous (said to be multinomial) and when the effect of the predictors

on dependent variable is not linear (Hair *et al.* 1998). Since many of the contextual predictors in the present study were dichotomous or ordinal data, the GLM was used to run factorial ANOVAs that allowed categorical predictors to be regressed against a continuous dependent variable (children's conduct difficulty scores).

Ethics

The research design and the study on which the Ph.D. piggybacked were subject to full and independent ethical review. While this is not a mandatory requirement and is often overlooked in social research (Morrow and Richards, 1996), it was felt to be a valuable exercise given the sometimes-sensitive nature of the questionnaire.

The process was time consuming and required several amendments to the interview schedule and procedures, notably ensuring that thresholds for reporting concern about a child's welfare were appropriately set and that the interview allowed parents and children to reflect on positive aspects of their home and community life as well as difficulties.

It was anticipated that parents or carers would have queries about the survey either before or after being interviewed. With this in mind, an information leaflet was provided for respondents, directing them to the survey company contracted to collect the data or the research centre at which the author worked. Knowing how much a participant should be told about the nature and objectives of the research and why they have been selected is challenging. The goal is to ensure that all participants are truly and fully informed and can act with autonomy, before they consent to take part. Appendix E outlines the approach adopted.

All adults and young people participating in the study completed a consent form, which set out the aims of the study, their right to refuse to answer or terminate the interview, as well as the level of confidentiality they could expect from the survey. Since the young people were below the age of 18,

their carer was asked for consent to access them to take part in the survey. In addition, young people were asked for their individual consent.

Confidentiality and disclosure were handled in two ways. First, participants were assured of the complete confidentiality of their responses. The data were anonymised and aggregated such that no-one would be able to identify them from this report. In addition, a child protection protocol was put in place to deal with situations where a child was in grave danger. The protocol is described in full in Appendix F.

In the event of respondents having questions or concerns raised as a result of taking part in the survey, information sheets with a list of telephone help-lines were also provided. Separate sheets were available for young people who took part in the child questionnaire.

Conclusions

This chapter has reviewed the study design and analysis strategies for the two sub-studies. Consideration has also been given to the research ethics. The two chapters that follow detail the findings of the studies.

CHAPTER SEVEN: THE PREVALENCE AND IMPACT OF FAMILY CONFLICT RESOLUTION TACTICS

Chapter Three explored evidence of the effects of family conflict on children's health and development. While much has been learned about the association between aggressive conflict tactics and children's adjustment difficulty, there is still inadequate evidence about the prevalence of conflict resolution strategies in family relationships. In addition, most studies have focused on children's exposure to harmful conflict resolution tactics within *one* family relationship, ignoring the potential spillover into other relationships or the combined impact of aggressive family dynamics.

This chapter describes the prevalence of conflict resolution strategies in both the inter-parental and parent-child relationships in a sample selected to be representative of families in Dublin, Ireland. It distinguishes between aggressive and non-aggressive tactics, and explores the way in which the type, severity and degree of the experience alter the risk to children's adjustment. The analyses go beyond simple associations to explore how combinations of conflict resolution tactics in different familial relationships are implicated in children's functioning.

Prevalence of Conflict Strategies

Inter-parental conflict resolution

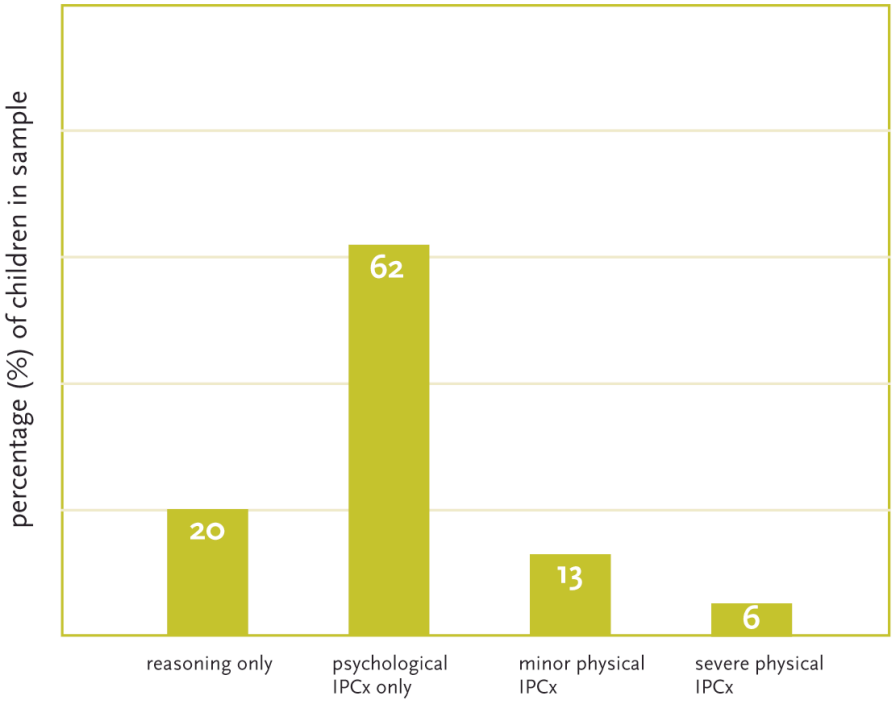
Based on adult reports of conflict exchanges between parents[1] [2], children were divided into two groups: those who were and those who were not exposed to aggressive resolution strategies between their parents. Aggressive strategies comprised both psychological and physical aggression. Four-fifths of children (n = 340) lived in a household where parents used some form of aggression to resolve conflicts. Of this group,

[1] Based on an assessment of the combined aggression by both partners in a relationship.
[2] The term parent is used to encompass the two primary caregivers in the household.

nearly a quarter (n = 79) had been exposed to some form of physical aggression between their parents in the past year.

The distribution of children's exposure to conflict resolution strategies is represented in Graph One. Four conflict tactic groups are distinguished: 1) reasoning and negotiation only; 2) psychological aggression only; 3) minor physical aggression; and 4) severe physical aggression. All of the children captured within minor or severe physical aggression also experienced psychological aggression. For the purposes of later analysis children have been classified according to their highest order grouping, such that no child in the sample is represented twice here.[3]

Graph 1: Bar chart of prevalence rates for inter-parental conflict resolution tactics.



[3] Highest order grouping means that children are assigned to the most severe tactic group they have experienced; if a child experienced both psychological and minor physical aggression they were assigned to the minor physical aggression group. Similarly a child that experienced all four types of conflict tactics would have been assigned to the severe aggression grouping.

In addition to adult's reports of conflict exchanges, young people over the age of 11 years were also interviewed about their exposure to poor inter-parental conflict resolution tactics (IPCx).[4] Nearly half (47%) of the young people interviewed indicated that they had been exposed to psychological aggression at home, while five per cent indicated that they had been exposed to at least one episode of physical violence at home (n = 7). In three per cent of cases, this was considered chronic – that is to say the young person indicated on the TISH scale that they had been exposed to violence three or more times.

Where there were both adult and young person reports for the same household (n = 89), it was possible to examine the rate of overlap between parental and young people's responses. As Table 2 illustrates, where parents reported psychological aggression in their relationship just over half (51%) of the young people reported exposure to such aggression (27 out of 53 cases). There was less concurrence on reports of physical aggression with just two out of twenty young people witnessing violence reported by their parents.

Table 2: Overlap of prevalence rates for the CTS and TISH.

	CTS Reasoning	**CTS Psychological Aggression**	**CTS Minor Violence**	**CTS Severe Violence**
TISH Items not endorsed	11	24	4	5
TISH Psychological Aggression endorsed	5	27	6	3
TISH Minor Physical Aggression endorsed	0	1	0	0
TISH Chronic Physical Aggression endorsed	0	1	1	1
Total	**16**	**53**	**11**	**9**

* All figures indicate actual numbers of cases (*n*)

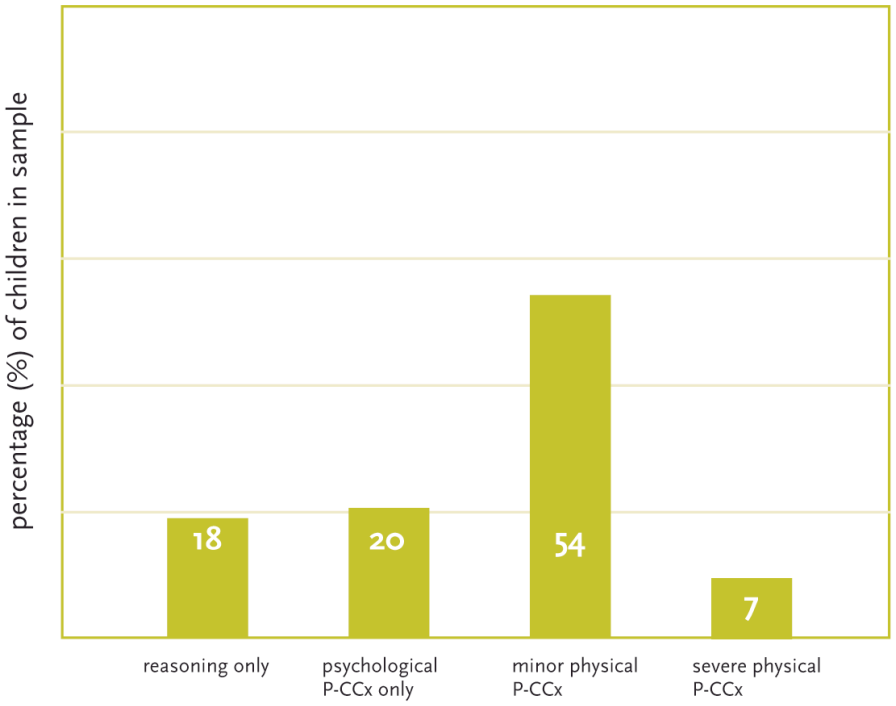
[4] Note that the psychologically aggressive tactics captured using adult report (CTS) are both verbal and non-verbal or symbolic acts of aggression. Youth reports (TISH) only capture exposure to verbal aggression.

These data suggest a low rate of reliability between adult and young people's reports of aggression in the home. There were no significant correlations between young people's reports of exposure and adult reports of aggressive strategies; furthermore the correlations were weak (Spearman's rho = 0.1). The findings may reflect the small sample size where the two measures overlap. The associations are in the correct direction. For example, there was an inverse correlation between the young people endorsing both psychological and physical aggression and adults' reports of no aggression. There were no cases where a young person reported violence in the home where a parent did not concur.

Parent-child conflict resolution

As with inter-parental conflict, the strategies used by parents to resolve conflict with their children were divided into aggressive and non-aggressive. The distribution of parent-child conflict resolution strategies is summarised in Graph 2. As with IPC, four conflict groups are distinguished.

Graph 2: Bar chart of prevalence rates for parent-child conflict resolution tactics.

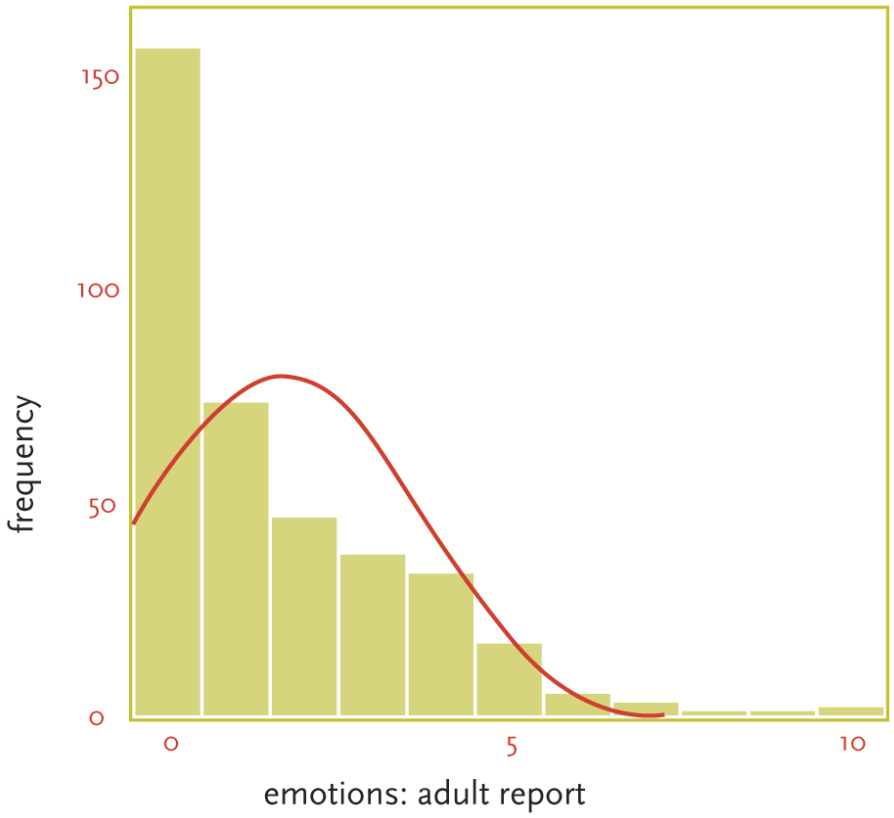


Four-fifths (n = 263) of children experienced some form of aggression from their parents. Within this group, many (61%) had been subject to physical aggression, minor or severe, at the hands of their parents in the last year. However, there is considerable overlap between the categories. All children exposed to some form of physical aggression also experienced reasoning and negotiation as well as some form of psychologically aggressive conflict tactic. This suggests that physical aggression is used as one of many tactics by parents in response to perceived misbehaviour.

Emotional and behavioural well-being

Using adult reports of children's well-being, the distribution of children's difficulties were negatively skewed. Most children display little to no problems with emotions or behaviour. Graph 3 represents the distribution of scores for adult's reports of children's emotional difficulty, ranging from zero (no difficulty) to ten (greatest difficulty). Similarly, Graph 4 displays the scores for conduct problems, ranging from zero (no difficulty) to ten (greatest difficulty).

Graph 3: The distribution of children's emotional difficulty reported by parents.



Graph 4: The distribution of children's behavioural difficulty reported by parents.

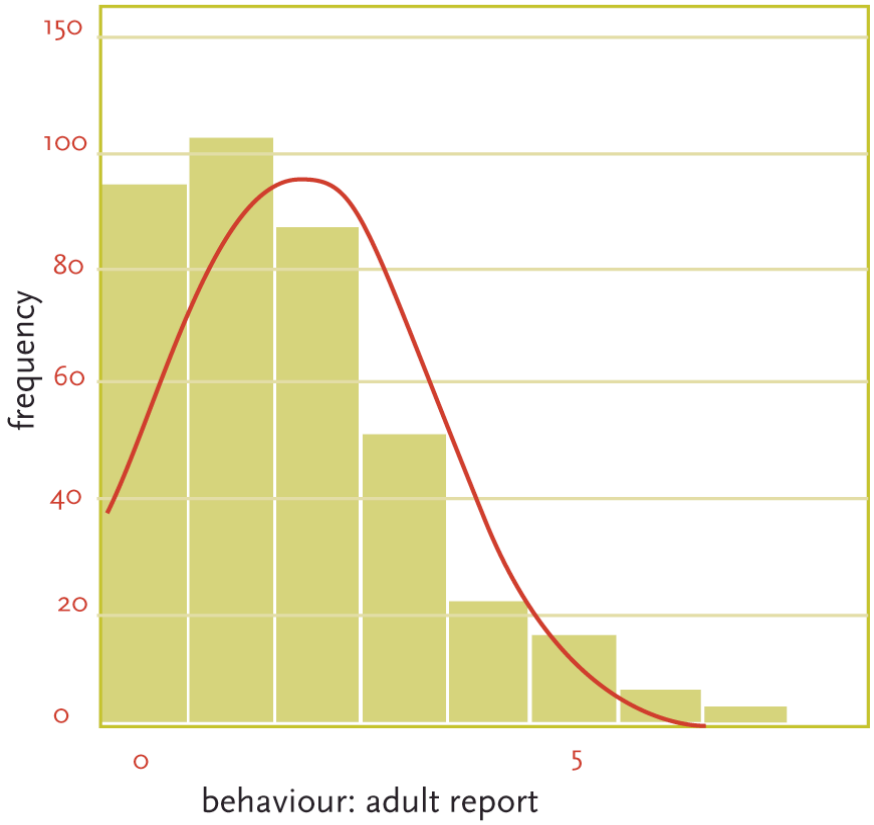


Table 3: Comparing Dublin and UK mean scores for emotional and behavioural difficulty.

	Emotional Difficulty			**Behavioural Difficulty**		
	All	Girls	Boys	All	Girls	Boys
Adult Report:						
Dublin	**1.6 (1.9)**	**1.8 (2.0)**	**1.5 (1.8)**	**1.8 (1.6)**	**1.7 (1.6)**	**1.8 (1.6)**
UK	1.9 (2.0)	2.0 (2.0)	1.8 (2.0)	1.6 (1.7)	1.5 (1.6)	1.7 (1.8)
YP Report:						
Dublin	**2.5 (2.2)**	**2.8 (2.3)**	**2.2 (2.1)**	**1.9 (1.4)**	**1.6 (1.3)**	**2.3 (1.4)**
UK	2.8 (2.1)	3.0 (2.1)	2.6 (1.9)	2.2 (1.7)	2.0 (1.6)	2.4 (1.7)

* Standard deviations in brackets

Table 3, above, summarises the mean scores and standard deviations for emotional and behavioural difficulty as well as scores for a normative UK sample (obtained from <http://www.sdq.com>). These data suggest that children's well-being in Dublin, Ireland is broadly similar to that in the UK, although Irish parents report slightly higher levels of behavioural problems and fewer emotional difficulties.

Using the cut-off scores detailed in Chapter Six, the large majority of children in the sample fall into low need groups for emotional (96%) and behavioural difficulty (87%). Table 3 suggests that rates of conduct and emotional disorders run at between two and seven per cent, broadly consistent with the UK situation.

Table 4: Comparing the proportion of children meeting the threshold for clinical disorder in Dublin and UK data.

	Emotional Disorder			**Behavioural Disorder**		
Adult Report	All	Girls	Boys	All	Girls	Boys
Dublin	2%	3%	2%	7%	7%	8%
UK	3%	4%	3%	7%	5%	8%
YP Report						
Dublin	7%	9%	5%	6%	2%	11%
UK	5%	7%	4%	11%	8%	13%

The data also reveal differences in prevalence rates between children's and adult's reports, consistent with other findings from the SDQ and other reliable measures of children's mental health. Reliability between parents and children on the emotional symptoms scale (Spearman's rho = 0.2, p = .07) and conduct symptoms (Spearman's rho = -0.1, p = .37) was low. Parents and children (and teachers when they are asked to complete these instruments) use different points of comparison. Parents tend to concentrate on overt behaviours and pick up less on emotional difficulties that children feel underlie many conduct problems. This explains most of the variation (Goodman et al. 2000; Becker et al. 2004). However, as

Graphs 5 and 6 in Appendix G demonstrate, the pattern of behavioural and emotional difficulties, with most children displaying few difficulties and a small proportion showing significant problems, is consistent regardless of the source.

Finally, it is important to remember that while the present study has separated emotional and behavioural difficulty as two developmental outcomes, there is almost always overlap between these areas of a child's life. Correlation analysis, using adult reports, revealed that children's emotional and behavioural difficulty was highly correlated (Spearman's rho = 0.4, $p < .001$). Interestingly, although significant, child-reported difficulty had a lower co-efficient of overlap (Spearman's rho = 0.2, $p < .05$) suggesting that children may be more distinguishing than parents about the types of difficulty they experience.

The Impact of Poor Conflict Resolution Strategies

The analysis presented thus far has focused on every child for whom a relevant completed instrument was obtained. However, it is only possible to make a connection between data on conflict strategies and well-being for a proportion of the sample. Table 5 in Appendix H indicates the number of children for whom two or more scale were completed.

The primary focus of the study is to explore the impact of normally occurring conflict resolution strategies on children's well-being. It was expected that the impact of minor forms of physical aggression would be akin to that of psychological aggression, both of which are relatively common. It was also expected that children exposed to severe forms of physical aggression would experience greater psychosocial difficulty compared to children exposed to more minor forms of aggression in the home.

A comparison of means test revealed that the use of severe physical aggression to resolve parent-child conflict is significantly associated with

levels of emotional and behavioural difficulty. These children are ten times more likely to experience clinical levels of emotional and conduct problems when compared to those in non-aggressive families.[5] Inter-parental violence triples the likelihood of children experiencing emotional disorder while conduct disorders are 20 times more likely when compared to non-aggressive families.

Table 6: Comparing mean scores and rates of likely clinical disorder between conflict resolution tactic groups.

Parent-Child Conflict Resolution Weighted base: *n* = 288	**Mean (SD)**	**Disorder**	**F**	**Sig.**
Emotional Difficulty			3.03	.03
Reasoning only (n = 51)	1.0 (1.8)	0%		
Psychological Aggression (n = 59)	1.6 (1.8)	0%		
Minor Physical aggression (n = 153)	1.7 (1.8)	1%		
Severe Physical Aggression (n = 24)	2.4 (2.6)*	8%		
Behavioural Difficulty			6.05	.01
Reasoning only	1.1 (1.3)	2%		
Psychological Aggression	1.5 (1.7)	7%		
Minor Physical aggression	1.9 (1.5)	7%		
Severe Physical Aggression	2.5 (2.0)*	17%		
Inter-parental Conflict Resolution Weighted base: *n* = 244				
Emotional Difficulty			2.03	.11
Reasoning only (n = 47)	1.2 (1.6)	2%		
Psychological Aggression (n = 149)	1.6 (1.8)	3%		
Minor Physical aggression (n = 35)	1.4 (1.6)	3%		
Severe Physical Aggression (n = 13)	2.5 (2.1)	7%		
Behavioural Difficulty				
Reasoning only	1.3 (1.3)	2%	2.71	.04
Psychological Aggression	1.7 (1.5)	7%		
Minor Physical aggression	1.8 (1.4)	4%		
Severe Physical Aggression	2.6 (1.9)*	29%		

* Significant difference attributable to this group.

This analysis emphasises the need to make distinctions on a continuum of violence. There were not sufficient numbers of these children in the

[5] Odds ratios are calculated using the equation (a/c) / (b/d) where a = number in the first group with positive outcomes; b = number in the second group with positive outcomes; c = number in the first group with negative outcomes; and d = number in the second group with negative outcomes (Bland and Altman 2000).

present sample to examine severely violent families as a separate group. However, combining these children with children exposed to minor forms of aggression would skew the findings, potentially exaggerating the impact of physically aggressive conflict resolution strategies. As a consequence, these children were considered outliers and were excluded from subsequent analysis. The importance of this distinction is picked up in later discussion, since besides differences in outcome there was little significant difference on aspects of the children's or families' lives, including family structure and socio-economic status (This is summarised in Table 7 in Appendix I).

As a result of these exclusions, the final sub-samples used for the impact analyses comprised 260 children for whom there was data related to parent-child conflict (MRS) and child well-being (SDQ), and 227 children for whom there was data related to inter-parental conflict (CTS) and child well-being (SDQ). There was data on all three for 161 children. With caution, a few analyses drew on data from young people's self-reports although sample size (n = 22) prohibits any firm conclusions from being drawn.

Poor inter-parental conflict resolution (IPCx)

As Table 8, over-page, illustrates, there is some support for the study's first hypothesis (see Chapter Five: H1). There was a weak association between aggressive inter-parental conflict resolution strategies and children's emotional and behavioural well-being ($p < .10$). A Mann-Whitney U test indicated significant differences for both emotion ($p = .09$) and behaviour ($p = .06$), with children exposed to aggression displaying higher mean ranks for both outcomes.[6]

There were differences in children's and adults' reporting, with adults suggesting a relationship between IPCx and behavioural difficulties and

[6] For ease of reporting and comparability with other samples, parametric tests and results are displayed. However, in most cases the data are not parametric and non-parametric tests were also carried out. Where different results / significance levels are found these are reported.

children with emotional problems ($p < .05$). A significant correlation was also found between children's reports of overhearing verbal, psychological aggression and increased emotional (Spearman's rho = 0.3, $p < .001$) and conduct problems (Spearman's rho = 0.3, $p < .01$). The relationship was not significant for witnessing physical aggression, despite a significant correlation between verbal and physical aggression (Spearman's rho = 0.3, $p < .001$).

Table 8: Comparing aggressive and non-aggressive IPC strategies on scores for emotional and behavioural difficulty.

	Mean	SD	F	Sig.
ADULT REPORTED SDQ Weighted base: *n* = 227				
Emotional Difficulty			1.91	.17
Non-aggression (n = 46)	1.1	1.6		
Aggression (n = 181)	1.6	1.8		
Behavioural Difficulty			3.04	.08
Non-aggression	1.3	1.3		
Aggression	1.7	1.5		
YP REPORTED SDQ Weighted base: *n* = 72				
Emotional Difficulty			6.12	.02
Non-aggression (n = 15)	1.2	1.2		
Aggression (n = 57)	2.8	2.3		
Behavioural Difficulty			0.65	.42
Non-aggression	1.7	0.9		
Aggression	2.0	1.4		

The above estimates have compared aggressive and violent IPCx with reasoning tactics. So, is physically aggressive conflict resolution more harmful to children than non-violent but aggressive strategies? These two groups are rarely compared in studies. Table 9 represents the mean scores, based on adult reports of child well-being, for both groups. Children who experienced psychologically aggressive tactics display more emotional difficulties while those experiencing physical aggression display more conduct difficulties. However, the differences were not significant (at $p < .05$) meaning that the null hypothesis for H2 – that physically

aggressive families are more harmful for children compared to psychologically aggressive families – cannot be rejected.

Table 9: Comparing psychological and physical IPCx on scores for emotional and behavioural difficulty.

ADULT REPORTED SDQ Weighted base: *n* = 181	**Mean**	**SD**	**F**	**Sig.**
Emotional Difficulty			0.59	.44
Psychologically aggressive (146)	1.6	1.8		
Physically aggressive (n = 35)	1.4	1.6		
Behavioural Difficulty			0.18	.68
Psychologically aggressive	1.7	1.5		
Physically aggressive	1.8	1.4		

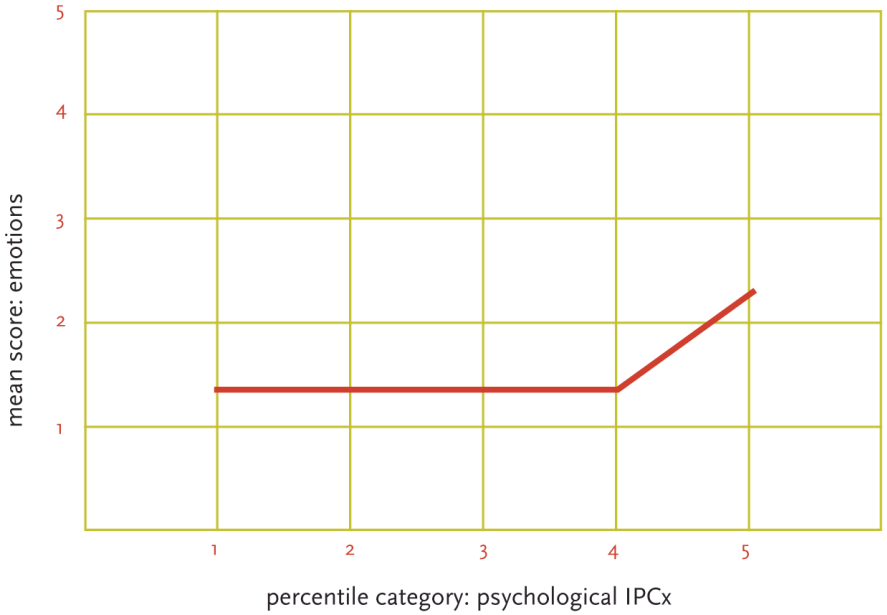
Does the extent of the aggressive conflict tactics between parents influence levels of emotional and behavioural problems? Correlation analysis was conducted between the frequency of exposure to aggressive strategies and levels of difficulty.[7] Children's exposure ranged between one and 63 psychologically aggressive incidents, and between one and 14 physically aggressive incidents, in the 12 months prior to the survey. A significant relationship was found between the use of psychological inter-parental aggression and children's conduct problems (Spearman's rho = 0.2, $p < .01$) but no relationships were significant for physically aggressive IPCx. This may be because the relationships are non-linear.

The lines in graphs 7 to 10 represent the relationships between psychological and physical IPCx and mean scores on emotional and conduct difficulty. The graphs use adult reports for children's well-being

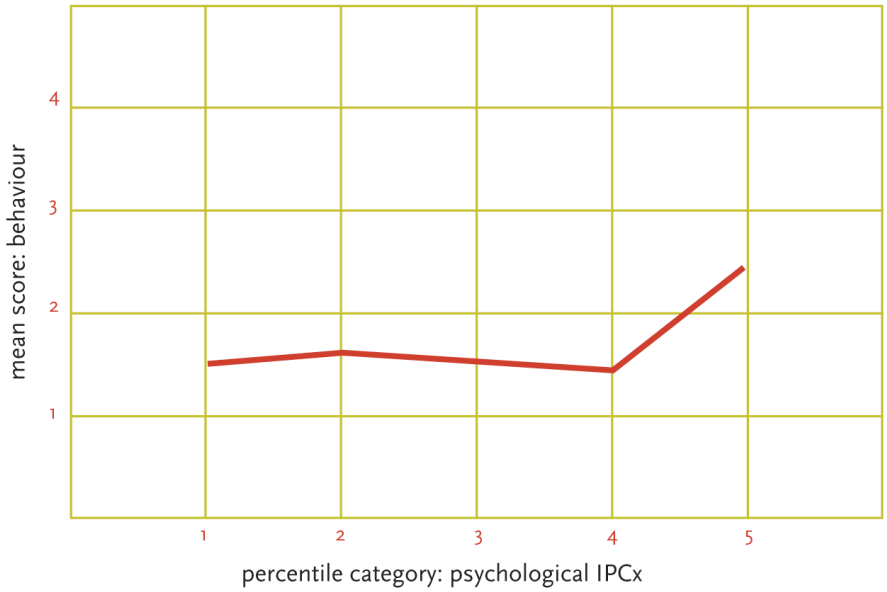
[7] It is important not to assume direction of causality from correlation analysis. For example, it is equally plausible that children's poor conduct at home increases the risk for parent's disputes in attempting to deal with the behavioural problems. Furthermore, research has demonstrated that hostile or aggressive parents are more likely to negatively assess their children (Crick and Dodge 1994) such that significant differences may be associated with rater- or respondent-bias. Ideally, an independent assessor would rate the child's behaviour in addition to the parent to establish whether these associations indicated true psychosocial difficulty.

and divide IPCx scores into five categories based on standardised quartile scores[8], with scores above the 90th percentile included for tail scores.

Graph 7: Psychological IPCx and emotional difficulty.

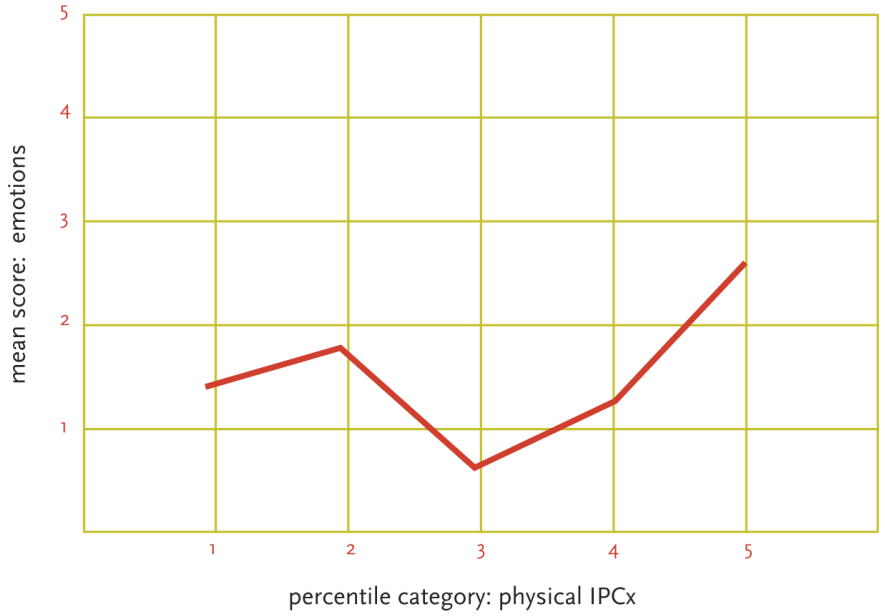


Graph 8: Psychological IPCx and behavioural difficulty.

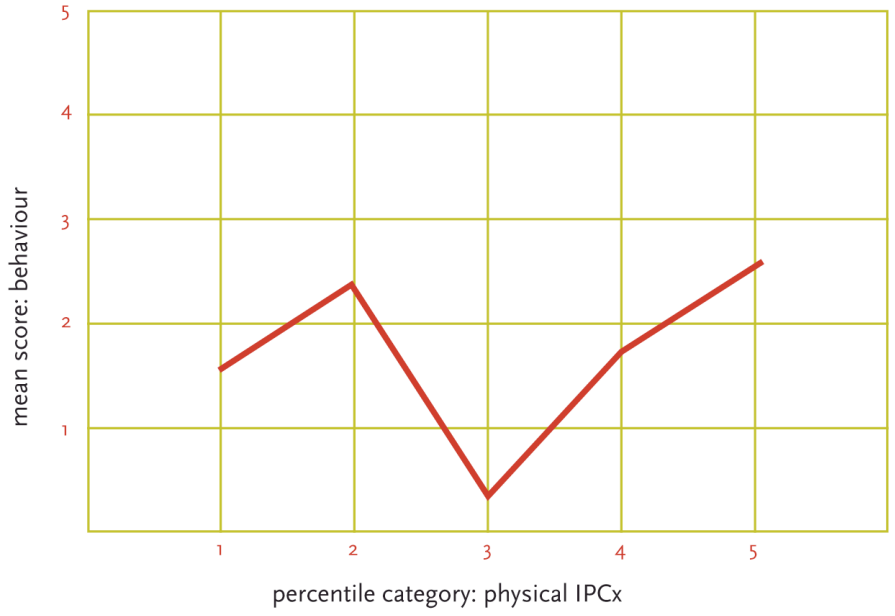


[8] Category 1 represents scores below the 25th percentile; category 2 represents scores up to the 50th percentile; category 3 represents scores up to the 75th percentile; category 4 represents scores up to the 90th percentile; category 5 represents scores above the 90th percentile.

Graph 9: Physical IPCx and emotional difficulty.



Graph 10: Physical IPCx and behavioural difficulty.



The graphs appear to indicate a cut-off point in levels of psychological IPCx (category four, representing scores above the 75th percentile and below the 90th) after which levels of behavioural and emotional difficulty is

greatly increased. The same pattern is not so clearly evident for physical aggression, where mean scores for difficulty appear to drop around the mid-percentile point and then sharply increase thereafter.

The graphs lend some support for H3 (see Chapter Five). They suggest that despite mostly non-significant correlations between levels of aggression and the degree of children's difficulty, those exposed to the greatest levels of aggression (category five, representing scores above the 90th percentile) fare the worst overall.

Poor parent-child conflict resolution (P-CCx)

What about conflict resolution strategies between parents and children? All children who had been exposed to aggressive tactics from their parents in the year prior to the survey were compared, using ANOVA analysis, with those where the conflict had been resolved using reasoning. Table 10, over-page, presents the results for H4 (Chapter Five). While there were no significant differences between the two groups on young people's reports of their well-being, where sub-samples were small, adult's reports indicated significant differences for both emotional and behavioural difficulty ($p < .01$). A Mann-Whitney U test confirmed these associations with a greater level of significance ($p < .001$).

It is generally assumed that the use of physical aggression by parents to resolve conflict with their children is more damaging than shouting or using silent treatment, categorised in this study as psychological aggression. A Kruskal-Wallis (KW) test compared physical and psychological P-CCx with the group where conflict was resolved through reasoning. Table 11 shows that the presence of *either* psychological or physical aggression predicts emotional difficulty ($p < .01$), while physical aggression alone predicts conduct problems ($p < .001$). A Mann-Whitney (MW) test compared physical and psychological P-CCx and confirmed these results. The null hypothesis for H5 can therefore be rejected – physical aggression between parents and children has a greater association with conduct problems than psychological aggression.

Table 10: Comparing aggressive and non-aggressive P-CC strategies on scores of emotional and behavioural difficulty.

ADULT REPORTED SDQ Weighted base: *n* = 260	**Mean**	**SD**	**F**	**Sig.**
Emotional Difficulty			7.83	.006
Non-aggression (n = 50)	0.9	1.4		
Aggression (n = 209)	1.6	1.7		
Behavioural Difficulty			8.80	.003
Non-aggression	1.1	1.3		
Aggression	1.8	1.5		
YP REPORTED SDQ Weighted base: *n* = 36				
Emotional Difficulty			0.75	.39
Non-aggression (n = 4)	1.2	2.5		
Aggression (n = 30)	2.1	1.8		
Behavioural Difficulty			0.92	.34
Non-aggression	2.5	3.0		
Aggression	1.6	1.5		

Table 11: Comparing parent-child conflict resolution tactics on scores for emotional and behavioural difficulty.

ADULT REPORTED SDQ Weighted base: 260	**KW Mean Rank**	**Sig.**	**MW Mean Rank**	**Sig.**
Emotional Difficulty		.01		.98
Non-aggression (n = 50)	103*			
Psychological aggression (n = 57)	141		109	
Physical aggression (n = 152)	141		108	
Behavioural Difficulty		.001		.01
Non-aggression	103			
Psychological aggression	114		89	
Physical aggression	150*		116	

Is there an association between the degree of P-CCx and children's emotional and behavioural difficulty? Correlation analysis examined the association between the frequency of exposure and levels of difficulty. Children's exposure ranged between one and 21 psychological P-CCx incidents in the 12 months prior to the survey and between one and 13 incidents for physical aggression. Table 12 demonstrates that the

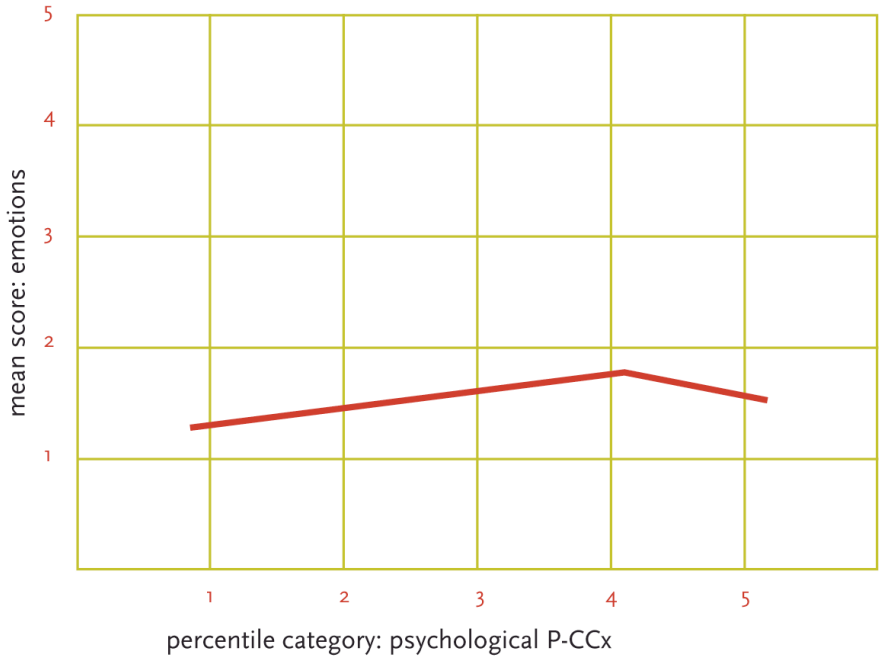
frequency with which parents use either physical or psychological aggression, to resolve conflict with their children, is associated with emotional and behavioural problems.

Table 12: Correlations between levels of aggressive parent-child conflict tactics and levels of emotional and behavioural difficulty.

ADULT REPORTED SDQ Weighted base: 260	**P-CC Psychological Aggression**	**P-CC Physical Aggression**
Emotional Difficulty	0.2 ($p < .001$)	0.1 ($p = .07$)
Behavioural Difficulty	0.3 ($p < .001$)	0.3 ($p < .001$)

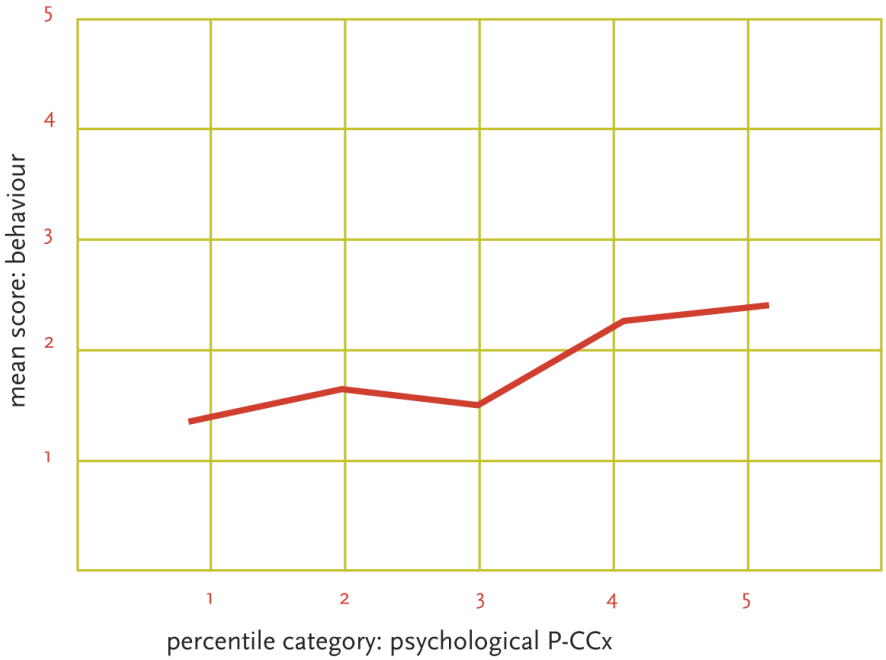
Line graphs of the relationship between P-CCx and mean scores for well-being are once again instructive. Graphs 11 and 12 display the relationship between psychologically and physically aggressive P-CCx and emotional difficulty; Graphs 13 and 14 with conduct problems.

Graph 11: Psychological P-CCx and emotional difficulty.[9]

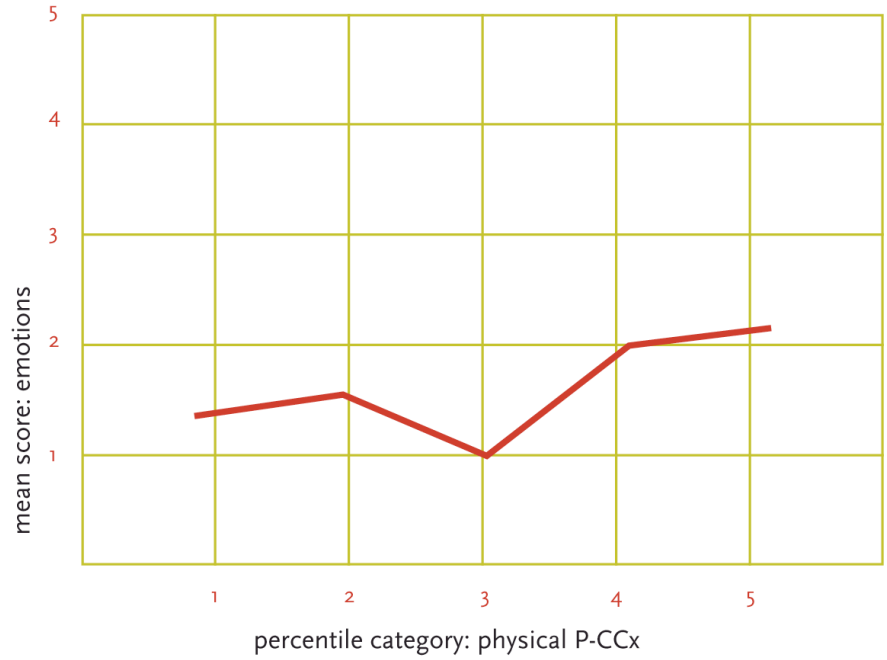


[9] Category 1 represents scores below the 25th percentile; category 2 represents scores up to the 50th percentile; category 3 represents scores up to the 75th percentile; category 4 represents scores up to the 90th percentile; category 5 represents scores above the 90th percentile.

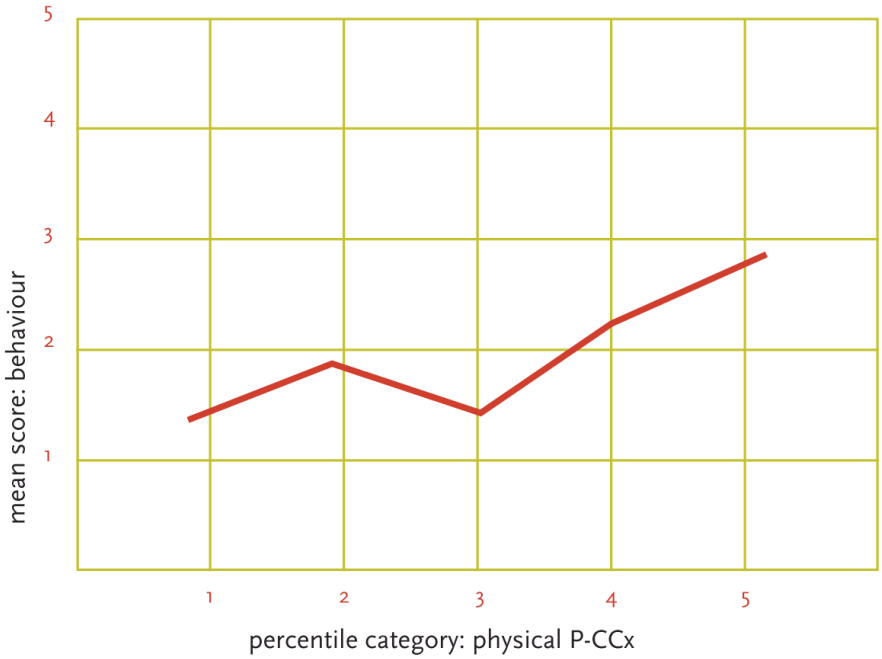
Graph 12: Psychological P-CCx and behavioural difficulty.



Graph 13: Physical P-CCx and emotional difficulty.



Graph 14: Physical P-CCx and behavioural difficulty.



The graphs indicate a broadly linear relationship between psychological aggression and children's level of emotional and behavioural difficulty. Physical aggression in the parent-child relationship is characterised by a threshold effect, with a sharp increase after the mid-percentile point (category three). The graphs confirm the pattern found by the correlation analyses, suggesting that the more psychological and physical aggression children are exposed to the greater the risk for emotional and behavioural problems.

The Combined Impact of IPCx and P-CCx

The preceding analysis confirms that poor conflict resolution strategies in family relationships pose a significant risk to children's emotional and behavioural well-being. These analyses, while common, do not control for the presence of poor conflict resolution in one family relationship against another. What happens when this is done?

Poor conflict resolution tactics were rarely confined to the relationship of focus. Only 19 children experienced aggressive inter-parental conflict alongside a non-aggressive parent-child relationship. In all cases the IPCx was psychological aggression. Similar findings were evident for P-CCx. Only 15 children experienced either psychologically or physically aggressive P-CCx alongside a non-aggressive inter-parental relationship. Fourteen children were not exposed to any aggressive conflict resolution tactics. The remaining children had experienced aggression in *both* family relationships.

Acknowledging that group sizes were small, these groups were used to re-examine H1 and H4. Table 13 sets out the results from a comparison of means test, which indicates a significant difference between the levels of behavioural problems for children exposed to IPCx only and the comparison group (children not exposed to any aggression). However, the direction was not as expected with the comparison group showing greater levels of conduct difficulty. This suggests that the associations found in earlier analyses for IPCx were conflated by aggressive P-CCx.

Table 13: Comparing aggressive and non-aggressive inter-parental conflict tactics on scores of children's difficulty (controlling for P-CCx)

ADULT REPORTED SDQ Weighted base: *n* = 33	**Mean**	**SD**	**F**	**Sig.**
Emotional Difficulty			0.65	.43
Non-aggression (n = 14)	1.4	1.8		
Aggressive IPCx (n = 19)	0.9	1.4		
Behavioural Difficulty			6.75	.01
Non-aggression	1.8	1.7		
Aggressive IPCx	0.6	0.7		

Table 14 shows that no significant differences were found for P-CCx and children's level of difficulty once IPCx was controlled for in analyses. Indeed, the non-aggressive comparison group had higher mean scores for both emotional and behavioural problems. This suggests that the

presence of aggression in the inter-parental relationship may have been distorting the associations found earlier for H4 between P-CCx and child well-being.

Table 14: P-CCx and children's level of difficulty (controlling for IPCx)

ADULT REPORTED SDQ Weighted base: n = 29	**Mean**	**SD**	**F**	**Sig.**
Emotional Difficulty			0.72	.40
Non-aggression (n = 14)	1.4	1.8		
Aggressive P-CCx (n = 15)	0.9	1.2		
Behavioural Difficulty			2.95	.10
Non-aggression	1.8	1.7		
Aggressive P-CCx	0.8	1.3		

These analyses suggest that a combination of poor conflict resolution used in both parent and parent-child relationships elevates children's emotional and behavioural problems. To test this hypothesis (H7), nine groups of children experiencing various combinations of conflict resolution strategies were identified. Only cases where there was adult report of child well-being (n = 161) were used, as there were too few cases of self-reported well-being by young people to make any meaningful comparisons. Table 15, over-page, describes the constellations and gives the percentage of children in each group.

The most common combination is for children to be exposed to psychological aggression between their parents and physical aggression in the parent-child relationship. The experience of psychological aggression (Group 5) or physical aggression (Group 9) in both the inter-parental and parent-child relationship accounted for another quarter of cases. These findings again reveal the normality of aggressive conflict exchanges for children.

Table 15: Prevalence of conflict resolution tactic group constellations.

Group	Description	%
1	Both IPC and P-CC non-aggressive tactics only	9
2	Non-aggressive IPC and psychological P-CCx	5
3	Non-aggressive IPC and physical P-CCx	5
4	Non-aggressive P-CC and psychological IPCx	11
5	Both IPC and P-CC psychologically aggressive tactics	15
6	Psychological IPCx and physical P-CCx	40
7	Non-aggressive P-CC and physical IPCx	0
8	Psychological P-CCx and physical IPCx	1
9	Both IPC and P-CC physically aggressive tactics	14

Table 16 below summarises for each group the mean behaviour and emotion scores and the proportion of children with likely clinical disorder. It shows that, for the most part, the highest levels of difficulty are exhibited by children exposed to physically and psychologically aggressive conflict tactics in both the parent and parent-child relationships.

A Generalised Linear Model (GLM) showed that the groupings predicted levels of behavioural problems ($p < .01$) but not emotional difficulty. Results are summarised in Table 17 below. This was confirmed with a non-parametric Kruskal-Wallis test, which elevated the significance level to $p < .001$. Thus, the combination of conflict and violence in household relationships predicts around two per cent of the variance in emotional difficulties and seven per cent of the variance in children's behavioural problems.

Table 16: Mean scores and percentages meeting a threshold for clinical disorder across the nine conflict tactic groups.

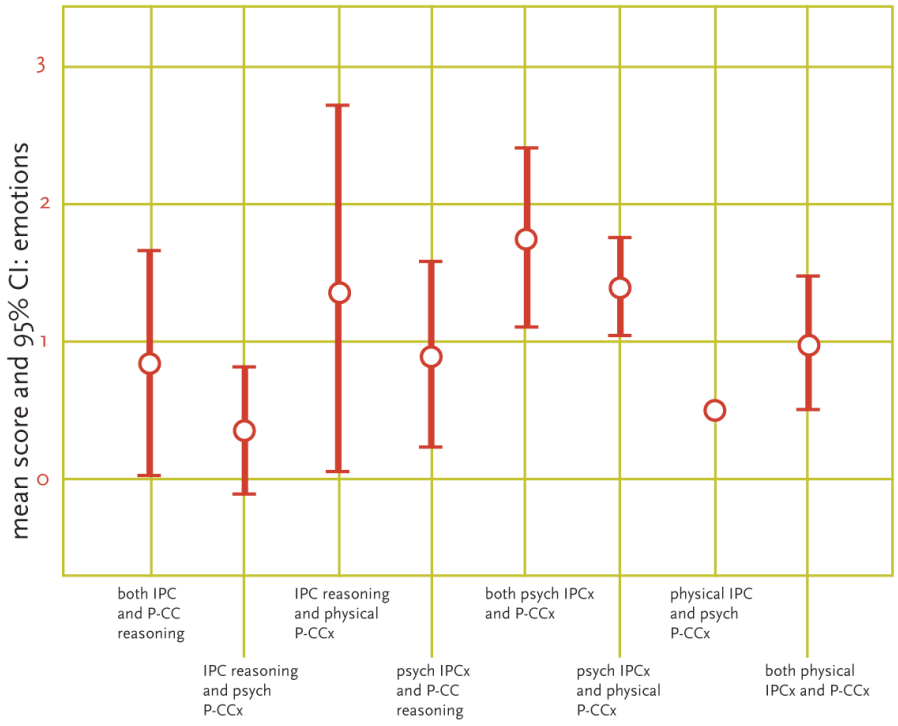
Group	Behaviour Mean Score	% Disorder	Emotions Mean Score	% Disorder
1	1.8	7%	1.4	0%
2	0.4	0%	0.4	0%
3	1.3	0%	1.4	2%
4	0.6	0%	0.9	0%
5	1.5	8%	1.8	6%
6	1.8	6%	1.4	10%
7	-	-	-	-
8	0	0%	0.5	0%
9	1.7	9%	1.0	6%
All	1.5	4%	1.3	3%

Table 17: GLM of nine-item conflict resolution tactic grouping on scores of emotional and behavioural difficulty.

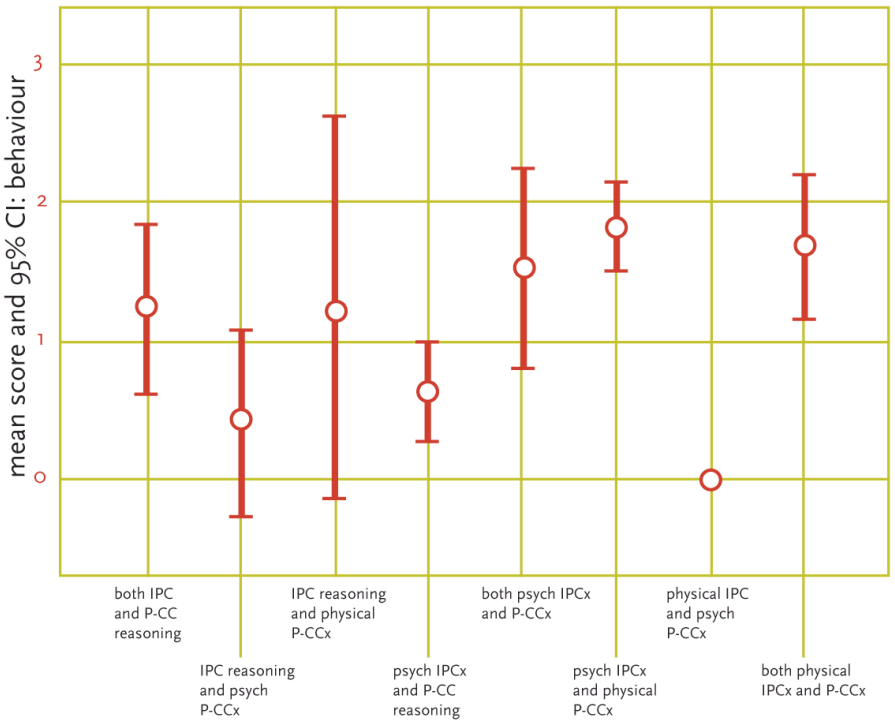
	F	Sig.	R^2	Adj. R^2
Emotional Difficulty	1.31	.25	.05	.02
Behavioural Difficulty	2.99	.01	.12	.08

Tukey post-hoc tests were conducted, however due to small sub-group numbers (four groups had fewer than 10 cases) few significant differences were found. The most revealing difference appeared to be between groups where there was only one aggressive relationship compared with aggression in both relationships. The following two graphs illustrate the mean scores and 95% confidence intervals for emotional difficulty and conduct problems for each of the nine groups. It is evident that the

Graph 15: Error bar chart comparing conflict tactic groups on scores of emotional difficulty.



Graph 16: Error bar chart comparing conflict tactic groups on scores of behavioural difficulty.



combination of IPCx and P-CCx produce the most difficulty for children, compared to cases where one relationship is characterised by reasoning.

Two aspects deserve further mention. First, Group 6 – the most prevalent combination in the sample comprising 40% of children – show the greatest level of behavioural problems. Second, Group 1 – comprising those exposed to no aggressive conflict tactics – display greater mean scores than groups where only one relationship is aggressive. There are many possible explanations for this result, including small sample size.

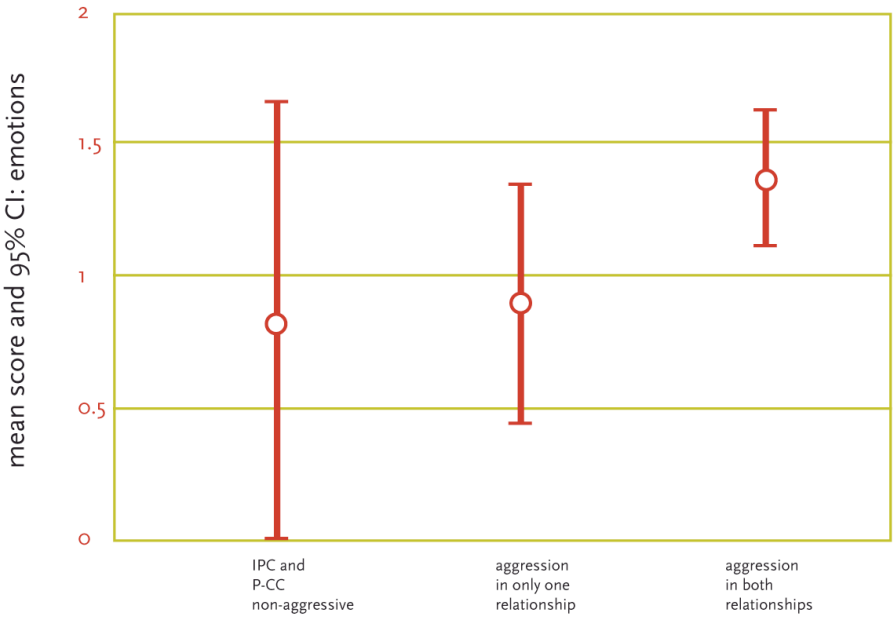
To combat small group size, the nine conflict tactic groups were collapsed to form three groups: 1) non-aggression in both relationships (formerly Group 1), 2) aggression in one relationship only (Groups 2, 3, 4 and 7), and aggression in both relationships (Groups 5, 6, 8 and 9). A GLM showed a significant relationship for behaviour, explaining seven per cent of the variance. Tukey post-hoc tests revealed that poor conflict resolution in one relationship only predicted significantly lower mean scores for behavioural problems compared to aggression in both relationships. The model was not significant for emotional difficulty.

Table 18: GLM of aggression in one versus both family relationships.

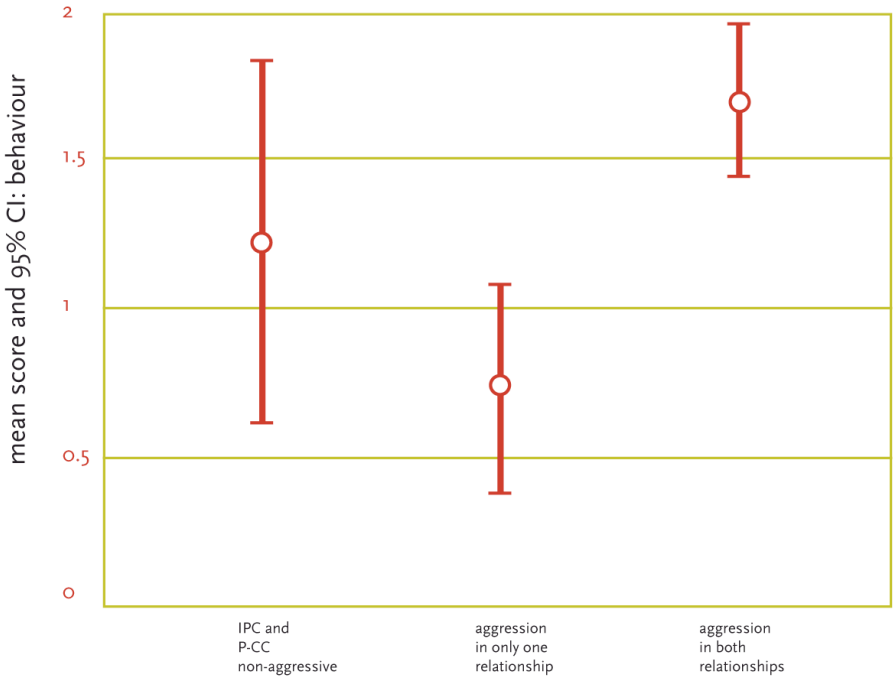
	F	Sig.	R^2	Adj. R^2
Emotional Difficulty	1.62	.20	.02	.007
Behavioural Difficulty	7.68	.001	.09	.07

A Kruskal-Wallis test confirmed these findings, indicating a significant difference between the groups for behaviour ($p < .001$) but not for emotional difficulty. The error bar graphs below confirm the hypothesis (H8) that the combination of aggression in the parental and parent-child relationship puts children at greater risk for conduct problems compared to those exposed to aggression in only one relationship. While this pattern was also evident for emotional difficulty, results do not show sufficient significant difference to state this with confidence.

Graph 17: Error bar chart comparing non-aggression, aggression in one relationship and aggression in both relationships on scores of emotional difficulty.



Graph 18: Error bar chart comparing non-aggression, aggression in one relationship and aggression in both relationships on scores of behavioural difficulty.



Conclusions

This chapter has presented findings related to the prevalence and impact of conflict resolution strategies in the inter-parental and parent-child relationship. The results reveal that exposure to aggressive conflict resolution strategies is a normal or common experience for children. Most children (91%) experience some form of aggression in family conflict situations, and a large proportion are exposed to aggressive tactics in both the inter-parental and parent-child relationship.

In addition, physical aggression is not restricted to a small minority of children. Approximately one-fifth of children had been exposed to physically aggressive conflict tactics between their parents, while nearly two-thirds had experienced at least one act of physical aggression in the parent-child relationship.

There is a difference between minor and severe forms of physical aggression within the home. Minor infractions are fairly commonplace, in both the inter-parental and parent-child relationship. Severe violence on the other hand is an experience for a minority of children, which poses a significant risk for children's emotional and behavioural well-being.

The type and amount of aggression used during conflict exchanges also increases the risk for poor outcomes. Children exposed to frequent psychological aggression show significantly elevated emotional difficulties compared to those where it is used moderately. Furthermore, while it is aggression per se in the inter-parental relationship that is associated with children's adjustment problems, the use of physically aggressive resolution tactics in the parent-child relationship is a better predictor of conduct problems than psychological aggression.

However, while there is some indication from these findings that aggressive conflict resolution poses a risk for children's emotional and behavioural well-being, it is evident that context is critical. More

specifically, findings indicate that the use of aggression in family relationships other than the relationship of focus may conflate or distort associations. For example, when considered separately aggressive P-CCx were associated with increased emotional and behavioural difficulty for children. However, when IPCx was controlled for in the analyses, these associations were no longer significant.

The analyses examined the different constellations of conflict tactics to which were children exposed. It is the combination of aggressive inter-parental and parent-child conflict tactics that puts children at increased risk for poor outcomes. Behavioural problems were significantly elevated for those children in the sample exposed to psychologically aggressive inter-parental conflict and physically aggressive parent-child conflict tactics, the most prevalent conflict resolution group representing approximately 40 per cent of the sample.

While the findings suggest that the use of aggression as a conflict resolution strategy is a risk to children's well-being, that risk is not linear nor is it determinant. For the most part, children exposed to these risks develop normally. Most of the children displayed little difficulty at all and, of those with elevated scores, most were well outside the clinical threshold for a disorder.

This heterogeneity in outcomes means that poor family conflict resolution cannot be treated as a social problem that will always produce a poor outcome. So, why do some children appear to be more vulnerable than others? Part of the answer may lie in the individual, family and neighbourhood contexts within which the conflict exchanges take place. The next chapter explores this hypothesis.

CHAPTER EIGHT: THE MODERATING ROLE OF CONTEXT

This thesis explores the possibility that risks to children's health and development may be differently realised depending upon the context within which these risks occur. There is significant variation in children's emotional and behavioural adjustment when exposed to aggressive family conflict resolution strategies. While it would appear that aggression does pose a risk to children's health and development, the relationship is far from linear.

Why should this be? Chapter Three has explored some of the reasons. The way in which a child appraises and understands the conflict between their parents mediates their response to it (e.g. Grych and Fincham 1990; Cummings and Davies 1994). A child who feels threatened, emotionally insecure or unable to cope with the conflict exchanges in the home is more likely to demonstrate adjustment difficulties. But why do some children feel threatened while others do not? It is plausible that the answer lies in the context of the family environment.

The family context refers to relationships and structural elements, such as the size of the family and family's income, that surround the child at home. It is reasonable to hypothesise that the quality of the interactions between family members as well as the way in which the family is organised will impact both on the nature of conflict and the strategies adopted to resolve it, as well as children's responses.

The quality of family relationships is likely to be affected by other contexts, including the school, community and neighbourhood. Stressors within these contexts have the potential to shape what happens within the home and, therefore, alter the way in which children respond to risks such as poor conflict resolution within the family. Poor peer relationships at school, for example, may make children especially vulnerable to the effects of aggression at home.

The previous chapter showed that aggressive family conflict resolution is associated with behavioural problems, and to a lesser degree with emotional difficulty. But once individual, family and neighbourhood contexts are taken into account, the effects may disappear. If, for example, low socio-economic status is highly correlated with aggressive family conflict resolution then the explanation for poor child outcomes may lie elsewhere. It may be that family conflict is simply one means by which poverty is a risk for children's health and development.

This chapter outlines how contextual risk factors relate to conflict resolution tactics. It asks whether variation in family relations and structure can help to explain children's behavioural adjustment in the presence or absence of family aggression. The chapter then explores how the neighbourhood[1] interacts to moderate children's responses to this family-based risk.

The Prevalence of Contextual Risk

As Zielinski and Bradshaw point out, it is a 'harsh irony that many of the familial risk factors that predict the occurrence of child abuse and neglect are the same family characteristics and practices that result in exacerbating deleterious outcomes' (2006, p.54). The survey onto which the study of family conflict piggybacked included data on the quality of family interactions, parents' mental health, physical health, alcohol and drug use, and employment status.[2] In addition, there were variables suggestive of key structural characteristics of the family environment, including family size and type as well as social class, which can indicate a family's value orientation or their emphasis placed on 'getting ahead in life' (Cowan *et al.* 2005, p.256).

[1] Note that while these contexts would also have included the school environment, there was no data from the existing dataset on the nature of the relationships within the school or structural components of the child's school environment.
[2] The child's age and gender have been included as standard controls, as well as the parent's age and level of education (risk factors for the use of aggressive conflict strategies) and the family's socio-economic status.

Less data was available on wide social and neighbourhood contexts but there was information on social support networks and community violence, both likely to moderate family processes as well as children's responses to conflict within the family.

In all, 15 factors were identified to test hypotheses about the moderating effects of individual, family and neighbourhood contexts on the risk of poor conflict resolution to children. Table 19, over-page, describes these variables at the individual child, parent, family and neighbourhood level. Prevalence data are given for three conflict resolution groups.[3]

Few of the context factors were statistically associated with one of the conflict resolution groups, using correlation, Pearson chi-square and ANOVA analyses. This is largely due to small sample size, with many cells populated with less than five cases. However, carer depression symptoms and poor mental health were more likely to occur when there was aggression in both parent and parent-child relationships. Aggression in one family relationship was associated with lower peer problems for the child and less community violence.

While many of the expected associations, for example low socio-economic status, were not statistically significant, the quantity rather than the quality of risk is likely to be important for choices of resolution strategy in families. The accumulation of risk rather than the weight of any one factor best predicts child outcomes (UNICEF 2003; Rutter 1979; 1987). Furthermore, the interaction of risks strongly influences child outcomes (Zielinski and Bradshaw 2006). The interactions are now explored at the level of the individual child, the parent, family and the neighbourhood.

[3] Sample sizes are small and while it was hoped that the nine-item conflict group variable could be used for the analyses, a cross-tab of this variable by the other factors produced a large number of groups with counts of less than five. As such, the three-item conflict grouping comprising non-aggression in both relationships; aggression in only one relationship; and aggression in both relationships has been used for the analysis. Where possible, visual representations have broken the single-relationship aggression down into P-CCx and IPCx.

Table 19: Mean scores and percentage prevalence for the context variables.

Weighted base: n = 161[4]	Total	Non-aggression	Single-type Aggression	Dual Aggression
Child-specific factors				
1. Age (3-12)	7.6 (2.6)	8.1 (2.7)	7.3 (2.5)	7.6 (2.6)
2. Gender (male)	55%	50%	67%	51%
Parent-specific factors				
1. Age (21-65)	37.6 (6.6)	36.7 (6.2)	37.0 (5.7)	37.8 (6.9)
2a. Poor mental health[a]	17%	0%	6%	23%**
2b. Mood index[b]	4.6 (5.4)	1.1 (1.2)	2.9 (4.7)	5.6 (5.6)**
3. Poor physical health[c]	13%	0%	18%	13%
4. Alcohol and drug use	2%	0%	3%	2%
5. Carer unemployed	6%	14%	0%	6%
6. Low-level of education[d]	34%	57%	29%	33%
Family-level factors				
1a. Social class (AB)	20%	3%	28%	69%
1b. Social class (C1)	29%	2%	20%	78%
1c. Social class (C2)	32%	15%	21%	64%
1d. Social class (DE)	19%	13%	16%	71%
2. Low SES[e]	8%	14%	3%	8%
3. Family size	4.9 (1.3)	5.0 (1.2)	4.8 (1.1)	5.0 (1.4)
4. Family type[f]	8%	0%	6%	9%
5. Poor accommodation[g]	11%	14%	0%	13%
Neighbourhood factors				
1a. Poor social support [h]	12%	21%	6%*	12%
1b. Poor social support [i]	3%	10%	2%	3%
2a. Community violence (child) [j]	52%	40%	33%	53%
2b. Community violence (adult) [k]	40%	43%	18%*	47%

* $p < .05$ ** $p < .01$

[a] Poor mental health categorised as 0/1 according to mood index cut-off.

[b] Mental health rated according to a mood index score.

[c] Poor physical health was classified as 0/1 dependent on whether the carer had a long-term illness or disability.

[d] Low-level of education was classified as 0/1 dependent on carer having left school without a leaving certificate.

[e] Low SES defined as family dependent on state benefits as their main source of income.

[f] Family type defined as 0/1 depending on whether the child was a non-biological child of either of the parents (i.e. step-child, fostered, adopted).

[g] Poor accommodation defined as overcrowded, damp, sub-standard housing.

[h] Poor peer / social support for the child rated as 0/1.

[i] Social support networks for parents rated as 0/1 dependent on whether accessed.

[j] Presence of community violence (0/1) as rated by the child.

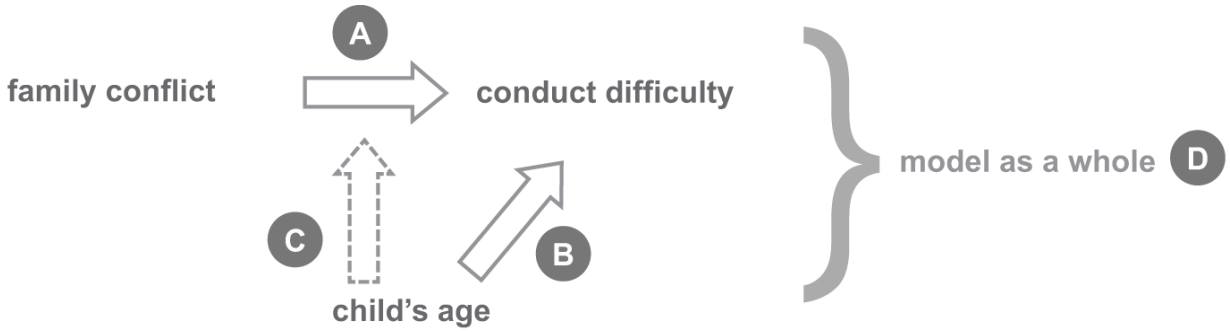
[k] Presence of community violence (0/1) as rated by the adult.

[4] Response rates for each variable varied, with complete data on child age, parent age, education level, social class, low SES, family size, and accommodation quality. The denominator for each variable therefore differs (percentages based on valid questions).

The Individual Context

The study first tested whether the child's age and gender moderated the risk of aggressive conflict resolution. A Generalised Linear Model (GLM) (factorial ANOVA analysis) was used against the three conflict resolution groups. The child's age was expressed as an ordinal-level age range: 3-6 years, 7-10 years, and 11-12 years and the child's gender as a dichotomous (0/1) variable. The relationship is depicted in Diagram 3 below, using child's age as an example.

Diagram 3: The relationship between family conflict resolution tactics, child's age and behavioural difficulty.



Each model was run in four steps, represented in Table 20 below. Step zero (represented by pathway A in Diagram 3) shows the strength of family conflict resolution type as an independent predictor of conduct difficulty (explaining approximately seven per cent of the variance). Step one represents the main effect of family conflict, controlling for the child's age and gender. In both models, aggressive conflict resolution remained a significant predictor of behavioural problems. In the second step, age and gender were entered as main effects (represented by pathway B in Diagram 3), while controlling for the effects of conflict. When conflict resolution was held as a constant the main effect of the child-specific factors was not significant.

In the third step, interaction effects between conflict resolution type and both age and gender were examined (represented as pathway C). Gender and conflict was the most significant interaction, with conflict*gender at the 0.05 level of significance. But the addition of age and gender to the model explained an additional two per cent of the variance in conduct difficulty. Step 5, which entered in all three variables (represented as model D above), was also significant but explained less variance than conflict on its own or the two-way interactions.[5] Importantly, conflict remained a significant independent predictor of conduct difficulty even after controlling for the individual child context.

Table 20: GLM of individual child factors and family conflict resolution tactic group predicting children's behavioural difficulty.

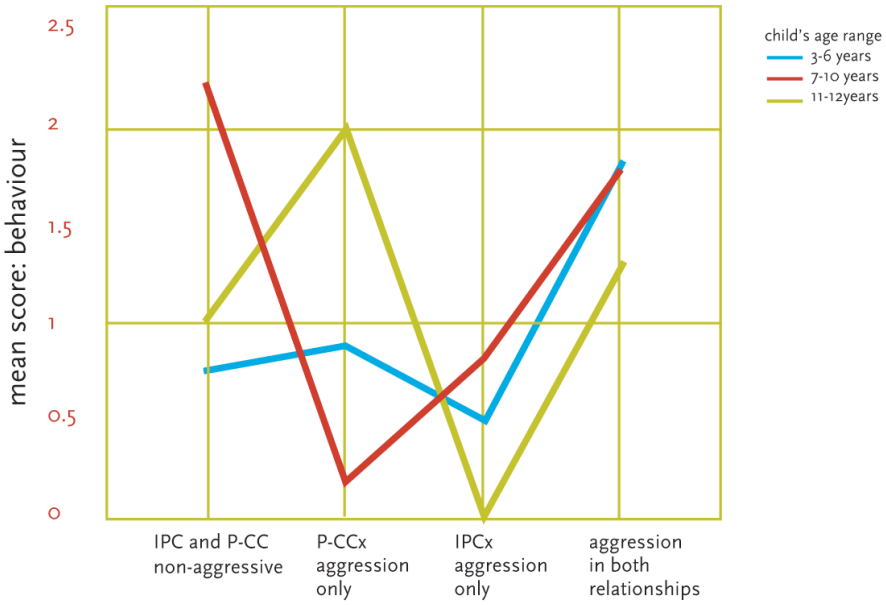
Step	Weighted base: n = 161	**F**	**Sig.**	**R^2**	**Adj. R^2**
0.	IPC and P-CC on its own	7.68	.001	.09	.07
1.	IPC and P-CC conflict	4.22	.02	.05	
2.	Child's age	1.82	.17	.02	
3.	Conflict * age	2.15	.08	.05	
4.	Combined model	3.07	.003	.13	.09
1.	IPC and P-CC conflict	5.17	.007	.06	
2.	Child's gender	3.27	.93	.02	
3.	Conflict * gender	3.08	.05	.04	
4.	Combined model	3.96	.002	.11	.09
5.	IPC and P-CC conflict	4.03	.02	.05	
	Combined model of all factors	1.70	.05	.15	.06

The transaction of these variables is evident in the interaction plots in Graphs 19 and 20 presented below. The relationship between age, conflict and outcome is far from linear. It is evident that older children (11–12 years) have greater difficulty than younger children (aged 3-6 years) when there is aggression in the parent-child relationship, or when no aggressive tactics are used in either relationship. In contrast, aggressive inter-parental

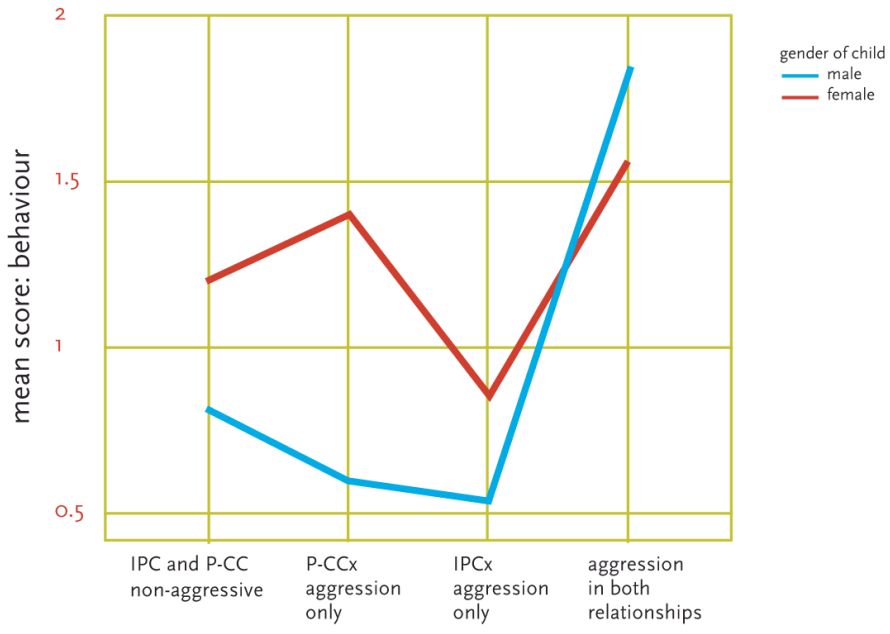
[5] Three-way or more interactions are considered complex and sufficient data is needed to explore them. The lack of significance here was largely due to the small sample size, which did not allow for sufficient overlap for combinations between the age (three categories), gender (two categories) and conflict (three categories) (18 combinations).

conflict was associated with greater difficulty for younger children. All groups showed elevated levels of difficulty when there was combined aggression compared to single-type.

Graph 19: Interaction plot of child's age and family conflict resolution tactics predicting children's behavioural difficulty.



Graph 20: Interaction plot of child's gender and family conflict resolution tactics predicting children's behavioural difficulty.



The interaction plots also shows that the absence of poor conflict resolution does not mean the absence of difficulty for the child. Girls experience greater difficulty than boys in the absence of aggressive conflict resolution. Boys tend to show greatest difficulty when both relationships contain aggressive tactics; they are relatively unaffected by single-type aggression or non-aggression.

The individual context, including children's developmental stage and gender, do explain a small amount of the variance in children's adjustment problems but poor conflict resolution strategies (in particular aggression in both the parent and parent-child relationships) continue to be independently associated with the outcome. Development and gender alone do not provide sufficient explanation for differences in children's behaviour.

The Family Context

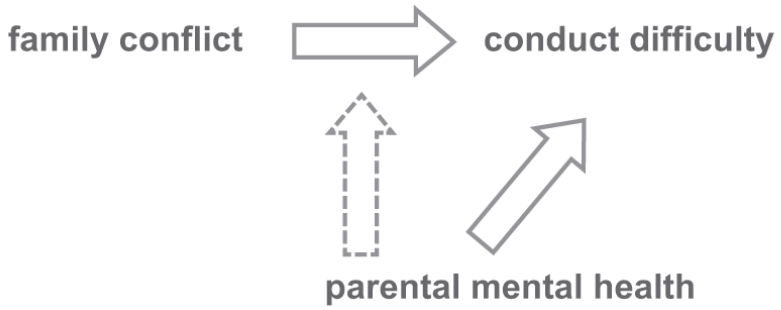
There are several ways in which the family context may moderate the impact of poor conflict resolution techniques within inter-parental or parent-child interactions. One obvious target is the quality of relationships between family members over and above conflict and its resolution. A warm, supportive and respectful relationship will affect how children respond to the use of aggression as a conflict resolution strategy. Similarly, increased stress may mean parents become less available to meet their children's emotional needs. Poor relationships within the family may undermine children's feelings of security and so increase feelings of threat when conflict occurs.

The characteristics of the parents will also be significant (Belsky 1980). Parents suffering with mental health problems are more likely to be withdrawn and uninvolved and, therefore, unavailable for the child when they are distressed by aggressive conflict tactics (Shaw *et al.* 2006). Older parents are potentially more adept at assisting and moderating children's

responses to aggressive conflict when it does occur, by providing advice on how to cope with or handle feelings of upset or distress (Kerig 2001, p.234). The study examined whether the main carers' age, mental and physical health, substance abuse, employment status and level of education affected how children responded to poor conflict resolution tactics.

The model testing whether parent-specific factors moderated children's behaviour in the context of family conflict resolution was conducted in a series of steps. Diagram 4 below indicates an example of the hypothesised relationship between poor family conflict resolution, parental mental health as an example of an individual parent factor, and children's behavioural difficulty.

Diagram 4: The relationship between parental mental health, family conflict resolution tactics and children's behavioural difficulty.



A GLM was run using family conflict resolution group as the main predictor of child conduct. It predicted approximately seven per cent of the variance on its own ($F = 7.68$, $p < .001$). Next, each context variable was entered into the model and the main effect of both conflict and the context factor was determined. As Table 21 illustrates, in step one the F ratio and significance is given for family conflict resolution, controlling for the context variable. In the second step, the main effect of the context variable on conduct is shown, after controlling for family conflict resolution type. Of the

six variables, only parental unemployment status appeared to have any statistical significance once conflict resolution is taken into account.

Table 21: GLM of family context factors and family conflict resolution tactic group predicting children's behavioural difficulty.

Step	Weighted base: n = 161	F	Sig.	R^2	Adj. R^2
0.	IPC and P-CC on its own	7.68	.001	.09	.07
1.	IPC and P-CC conflict	2.89	.06	.04	
2.	Parent's age	1.61	.19	.03	
3.	Conflict * age	1.52	.21	.03	
4.	Combined model	3.65	.001	.15	.11
1.	IPC and P-CC conflict	3.95	.02	.05	
2.	Parent's mental health	0.05	.83	.01	
3.	Conflict * mental health	0.52	.47	.00	
4.	Combined model	4.32	.002	.10	.08
1.	IPC and P-CC conflict	6.39	.002	.07	
2.	Parent's physical health	0.16	.69	.00	
3.	Conflict * physical health	0.83	.37	.01	
4.	Combined model	4.02	.004	.09	.07
1.	IPC and P-CC conflict	4.39	.01	.05	
2.	Parent's alcohol / drug use	0.41	.53	.00	
3.	Conflict * alcohol / drug use	2.33	.13	.01	
4.	Combined model	5.63	.001	.09	.09
1.	IPC and P-CC conflict	8.56	.000	.10	
2.	Parent's unemployment	0.19	.06	.00	
3.	Conflict * unemployment	3.71	.05	.02	
4.	Combined model	5.93	.000	.13	.11
1.	IPC and P-CC conflict	5.76	.004	.07	
2.	Parent's level of education	1.04	.31	.01	
3.	Conflict * education	0.44	.64	.01	
4.	Combined model	3.27	.01	.09	.06
5.	IPC and P-CC conflict	8.72	.000	.12	
	Combined model of all factors	2.36	.000	.40	.23

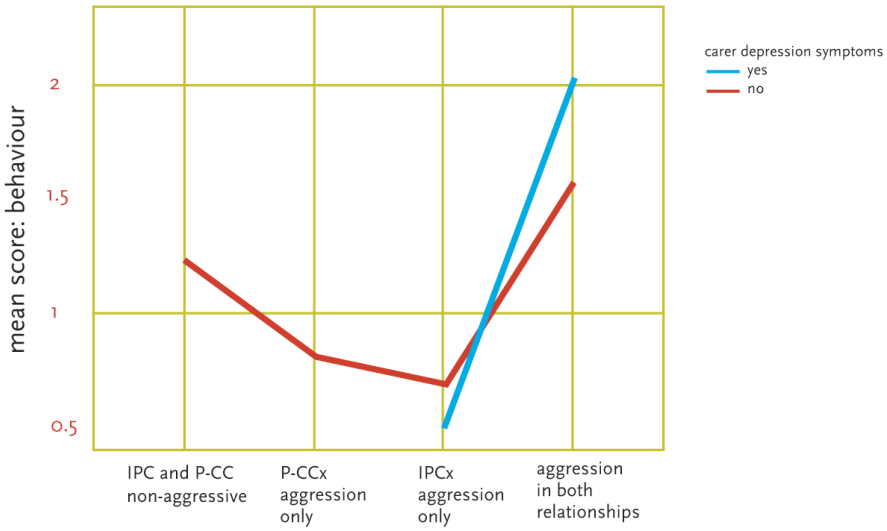
In the third step, the interaction between family conflict and each context factor was examined. The analysis reveals whether or not the family context variable moderates the relationship between family conflict resolution and the child's behaviour. Again, only parental unemployment appeared to play a role. Where a main carer was unemployed in the

household, children were also more vulnerable to the effects of aggressive family conflict resolution. It is likely that the lack of significance at the level of the interaction was due to small sample size, particularly for variables where there was low prevalence rates in the sample (alcohol / drug use).

The final step included family conflict and all family-level factors as a block. This combined model explained nearly a quarter of the variance in children's behavioural problems (23%) ($p < .0001$) suggesting that the combination of problems within a family makes children more at risk to the effects of aggressive conflict resolution strategies.

The following interaction plot gives a visual representation of the relationship between family conflict and parental mental health. It is evident that there were no cases where there was a combination of poor parental mental health and aggression in just one family relationship. Indeed, a depressed carer combined with aggression between parents (IPCx) seemed to have little effect on children's outcomes. It is only when aggression spills over into the parent-child relationship that the impact is felt in terms of children's behaviour.

Graph 21: Interaction plot of parental depression and family conflict resolution tactics predicting children's behavioural difficulty.



What other evidence exists for the hypothesis that aggressive conflict resolution in the inter-parental relationship (IPCx) would lead to increased levels of aggression in the parent-child relationship (P-CCx)? Linear regression analysis was run using psychological and physical aggression (IPCx) as predictors of P-CCx. As shown in Table 22 below, the relationship was significant. IPCx predicted 29 per cent of the variance of psychological P-CCx. Physical IPCx was not a significant predictor after controlling for psychological IPCx. However, both psychological and physical IPCx were significant independent predictors of physical P-CCx ($p < .0001$), with the combined model predicting approximately 43 per cent of the variance in physically aggressive P-CC.

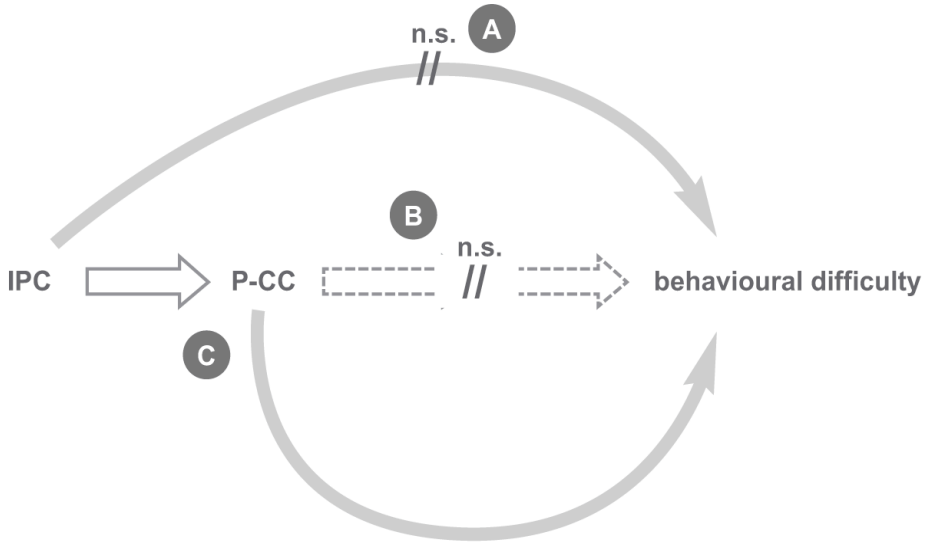
Table 22: GLM for levels of IPCx predicting levels of P-CCx.

Weighted base: n = 161	F	Sig.	R^2	Adj. R^2
Psychological Aggression (P-CCx)				
Psychological IPCx only	2.70	.000	.45	
Physical IPCx only	0.82	.48	.02	
Combined model	2.45	.000	.50	.29
Physical Aggression (P-CCx)				
Psychological IPCx only	3.55	.000	.52	
Physical IPCx only	5.52	.001	.12	
Combined model	3.67	.000	.60	.43

These data suggest that aggressive conflict resolution between parents and children is a mediator of IPCx, essentially explaining why it produces poor outcomes for children. The analysis in Chapter Seven is supported by this data. That is to say that the impact of IPCx on children's outcomes (pathway A in Diagram 5 below) is reduced to non-significant after controlling for P-CCx (Kerig 1998; Baron and Kenny 1986). Where IPCx exists on its own, and it is not accompanied by parental aggression towards the child or a disruption of the parent-child relationship, children appear to fare well. But a combination of poor conflict resolution in relationships between parents and between parents and children is

particular risky (pathway C). These relationships are represented in Diagram 5 below.

Diagram 5: The relationship between IPC, P-CC and behavioural difficulty.



Carer mental health is a critical link in the relationship between poor conflict resolution in the parents' relationship and that in the parent-child relationship. In line with Baron and Kenny (1986), a series of multiple regression analyses were used to explore this relationship, using the scores for carer's mood index, psychological and physical P-CCx, and psychological and physical IPCx. Table 23, over-page, outlines the steps involved.

In step one, the independent variable (IPCx) was allowed to predict the dependent variable (P-CCx). In step two, the extent to which carer depression predicted P-CCx is described. In step three, the predictive power of IPCx was assessed, while controlling for carer depression. It was found that the amount of variance explained by levels of IPCx dropped by four per cent for psychological P-CCx, when carer depression was taken into account

(p < .001), indicating a mediating role played by depression. Depression similarly mediated the relationship between IPCx and physical P-CCx (p < .001) reducing the variance by eight per cent.

Table 23: Carer depression as a mediator between IPC and P-CC.

Step	Weighted base: n = 161	**F**	**Sig.**	**R^2**	**Adj. R^2**
1a.	IPC predicts P-CC psychological	2.45	.000	.50	.29
1b.	IPC predicts P-CC physical	3.67	.000	.60	.43
2a.	Depression predicts P-CC psychological	1.68	.05	.17	.07
2b.	Depression predicts P-CC physical	2.19	.01	.21	.11
3a.	IPC predicts P-CC psychological controlling for Depression	2.32	.001	.44	.25
3b.	IPC predicts P-CC physical controlling for Depression	3.13	.001	.52	.35

While carer depression helps to understand how and why conflict and violence in one relationship spills over into another, there was still a large main effect between IPCx and P-CCx. Individuals do not appear to rely on one set of strategies to resolve conflict, but their choice will be influenced by their mental well-being. Downey and Coyne (1990) suggest that effects may vary depending on the type of adjustment considered – IPCx may be more closely associated with children's externalising behaviour while depression may exert greater effects on internalising.

The findings suggest that the relational aspects of a family context influence variation in children's adjustment to aggressive family conflict. Stress placed on the quality of family relationships by having a parent or carer who is unemployed or who has mental health problems increases the risk of poor conflict resolution on child well-being. There is a strong association between conflict in the inter-parental and parent-child relationships, suggesting that an understanding of family functioning may be more helpful than considering the effects of poor dyadic relationships in isolation.

Family Structure

The structural components of the family context are also hypothesised to moderate children's adjustment difficulties. Structure includes the way in which a family is organised, the extent of the control exerted over family members and the value orientation of the family (Cowan *et al.* 2005) but no data on these dimensions were available from the survey. The focus was, therefore, narrowed to more commonly understood structural characteristics of the family, including the size, type, social class, economic status and quality of the housing.

It is generally understood that the impact of family structure on children's health and development is contingent upon the quality of family relationships. For instance, good relationships within a family disrupted by divorce are generally better for children than poor relationships within an intact family. Large family size can also produce poorer quality interactions between parents and children because parents' resources or availability are stretched.

The analyses concentrated on the extent to which the structural components of a family exacerbated children's vulnerability to poor family conflict resolution. As before, the model was tested in a series of steps. In Table 24 below, step zero represents the relationship between family conflict resolution and behavioural problems independently. In step one family conflict resolution was entered into the model to predict children's difficulty alongside each family-level factor (held constant). The main effects for each family-level factor are presented in step two. Only two factors were independently significant: social class ($p < .05$) and family type ($p < .05$). It is noteworthy that socio-economic status did not emerge as a significant factor. Children in the lowest social class showed the greatest difficult when there was aggression in both the parental and parent-child relationship.

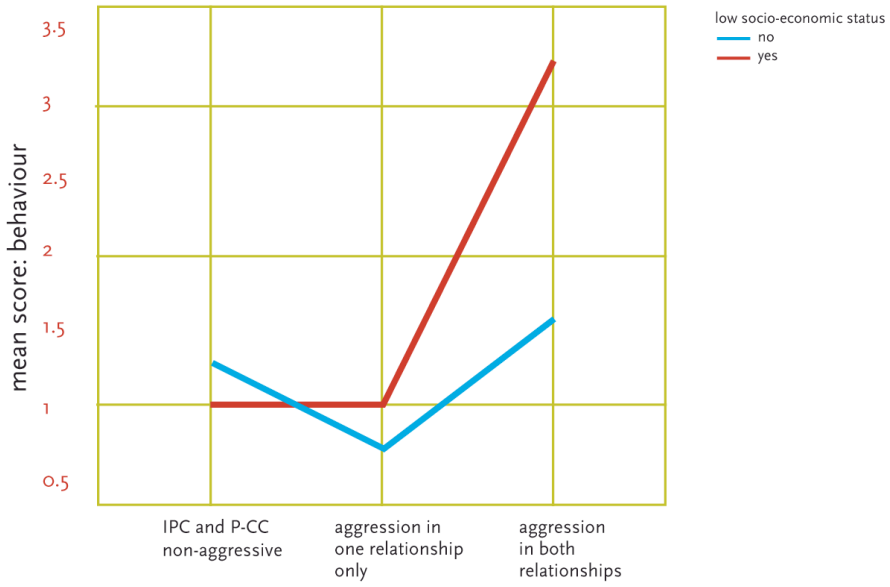
The third step estimated the power of interactions between family structure variables and the extent to which they moderated children's behavioural response to poor family conflict resolution. Three interaction effects were noted: conflict and social class; conflict and low socio-economic status; and conflict and family stress related to the physical environment. However, poor family conflict resolution remained a significant predictor of children's behavioural problems when the structural elements of the family were taken into account. [6]

Table 24: GLM of family structure factors and family conflict resolution tactic group predicting children's behavioural difficulty.

Step	Weighted base: n = 161	**F**	**Sig.**	**R^2**	**Adj. R^2**
0.	IPC and P-CC on its own	7.68	.001	.09	.07
1.	IPC and P-CC conflict	11.52	.000	.13	
2.	Social class (*n* = 169)	3.22	.02	.06	
3.	Conflict * social class	3.22	.005	.11	
4.	Combined model	3.70	.000	.21	.15
1.	IPC and P-CC conflict	3.87	.02	.05	
2.	Low SES (*n* = 169)	0.47	.50	.00	
3.	Conflict * low SES	3.11	.05	.04	
4.	Combined model	6.69	.000	.17	.15
1.	IPC and P-CC conflict	5.20	.007	.06	
2.	Family size (*n* = 169)	0.43	.86	.02	
3.	Conflict * family size	0.78	.63	.05	
4.	Combined model	1.84	.03	.17	.08
1.	IPC and P-CC conflict	2.35	.10	.03	
2.	Family type (*n* = 169)	4.86	.03	.03	
3.	Conflict * family type	0.09	.76	.00	
4.	Combined model	5.65	.000	.12	.10
1.	IPC and P-CC conflict	4.51	.01	.05	
2.	Family stress (*n* = 169)	0.75	.56	.02	
3.	Conflict * family stress	2.86	.04	.05	
4.	Combined model	2.80	.004	.14	.09
5.	IPC and P-CC conflict	10.78	.000	.19	
	Combined model of all factors	1.59	.02	.56	.21

[6] Two children in the non-aggressive group had conduct scores of five or more placing them in the high or clinical-need category. Given the small size (n = 14) of the group, this produced an unexpected high mean score for the group. While these cases were not deleted as outliers (their standardised scores were less than three), they did not reflect the pattern of the group generally, where scores for conduct difficulty were generally low.

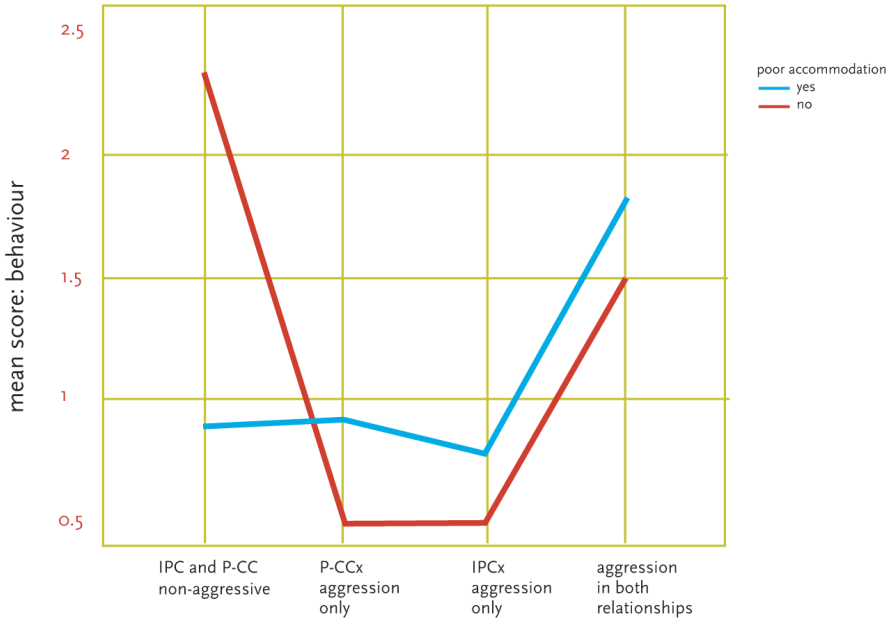
Graph 22: Interaction plot of low socio-economic status and family conflict resolution tactics predicting children's behavioural difficulty.



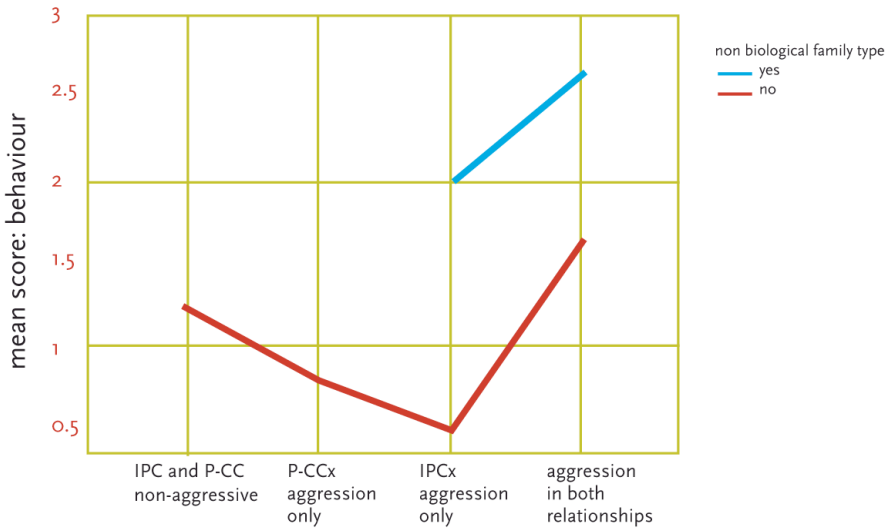
As before, it is the contexts that carry multiple risks that ease the transmission of aggressive conflict resolution to poor child outcomes. This can be demonstrated with the help of a family stress index capturing the quality of the home environment, including overcrowding and poor accommodation standards. It is a continuous variable and as the quality of the home environment decreases so the impact on children in dual aggressive homes increases. The interaction plot in Graph 23 depicts this relationship. This pattern does not exist where these is aggression in just one relationship.

Family type also bears on these relationships, as the illustration in Graph 24 demonstrates. Where a step-parent was helping to bring up the children, the family structure appears to exacerbate the impact of poor conflict resolution. The data had too few cases to confirm this association with any confidence.

Graph 23: Interaction plot of poor accommodation and family conflict resolution tactics predicting children's behavioural difficulty.



Graph 24: Interaction plot of family type and family conflict resolution tactics predicting children's behavioural difficulty.



The structure of the family then appears to moderate children's adjustment to conflict resolution tactics. Much of this association can be explained by socio-economic status and social class but other stressors on the family, such as poor quality housing, also play a role. The size and type of family is less important although step-parenting appears to be more risky in the context of poor resolution strategies than other family types.

Interactions with Other Contexts

As Chapter Three explained, wider systems beyond the family have the potential to affect the incidence and children's response. Communities that are socially disorganised have weak social networks and lack cohesion among their members (Sampson 1991; Sampson *et al.* 1997). A lack of community cohesion explains poor social control in the community, such as an inability to curb youth misbehaviour. It also predicts social isolation amongst its members. In disorganised communities, parents are less likely to receive the support they need (Vinson *et al.* 1996) and children will also have fewer wider neighbourhood protective factors to alleviate stress.

Assessing the role played by community-level factors requires a sophisticated research design (see Appendix A). It was not possible in this study to examine different neighbourhoods as the main unit of analysis or to apply multi-level statistical techniques to the available data. Nor was it possible to collect data about children's relationships within the school environment. It was possible however to examine the relative importance of neighbourhood-level factors for children's adjustment to conflict resolution strategies.

The influence of two forms of social support for the family were examined: first, parents' own supportive relationships and second, children's peer support networks. Both the emotional support and practical assistance given to parents by their networks was examined. Respondents were asked, first, whether the support was available to them and second, whether they had relied upon this support in the past year. Most

respondents (98%) said they had access to someone if they needed to talk because they felt low or depressed; only 15 per cent had actually taken up this form of support. In addition, most said this would be a friend (4%) or close family such as a mother or sibling (6%); interestingly only one per cent of female respondents said it would be their husband.

Three items were examined for practical assistance: monetary assistance, overnight baby-sitting, and a lift to an important appointment. Only two per cent of parents said they had no access to any kind of practical assistance; most could get assistance for all three if required. However, over half (53%) had not used their support network and only three per cent had used it for all three items. These differences show the disjuncture between the availability and take-up of social support, suggesting that measures of whether support is available cannot be used as a proxy for its use.

Data on the value of children's peer relationships relied on the absence of friends or the child's experience of being bullied. These factors were expected to negatively moderate or exacerbate the risk of poor outcomes in the context of aggressive family conflict resolution.

In addition, children's exposure to violence in the community[7] was also considered as a moderator of their experiences of aggressive conflict resolution strategies at home. It is possible that children may become sensitised to violence or that neighbourhood violence may limit children's access to social support networks outside the home. Neighbourhood violence may also operate through its effect on parenting. Parents who are fearful and anxious increase the risk that children lack necessary feelings of security and trust in their parent's ability to protect them (Osofsky 1998).

[7] Community violence refers to physically aggressive behaviour that occurs 'in neighbourhoods and on streets outside of the home… [that may escalate to severe levels including] drive-by shootings and random killing…' (Osofsky 1998, p.96-97).

Parents reported on the extent to which the neighbourhood within which the family resided was affected by anti-social behaviour and violence. Young people over 11 years of age reported on whether they had witnessed assault as a form of community violence, using the Things I Have Seen and Heard scale (Richters and Martinez 1991).

Correlation analysis between the amount of aggression in the family relationships and parents' use of support showed that it was important in the context of IPCx but not P-CCx. The more psychological and physical aggression in the relationship between parents the greater the use of support networks (Spearman's rho = 0.3, $p < .001$, and 0.2, $p < .01$, respectively). There was not a significant relationship between parent-child conflict and use of social support networks however, suggesting that parents were less likely to draw on support networks when they had difficulty with their child.

Next, Generalised Linear Models were run to test whether neighbourhood factors moderated children's experience of family conflict. Each model was run in four steps, represented in Table 25. As before, step zero shows poor family conflict resolution as a predictor of conduct difficulty on its own. Step one represents the main effect of conflict resolution after controlling for the community-level factor. Step two shows the main effect of the community-level factor after controlling for family conflict resolution. In the third step, the interaction between family conflict resolution and each community-level factor was examined, while in step four all factors were entered into the model together as a block.

The table shows that parents' social support networks do not significantly moderate children's adjustment to aggressive conflict resolution. However, the main effect of conflict actually falls away when children's own support networks are taken into account ($p = .26$). Furthermore, poor peer relationships were an independent risk for children's behavioural adjustment after controlling for poor family conflict resolution. The

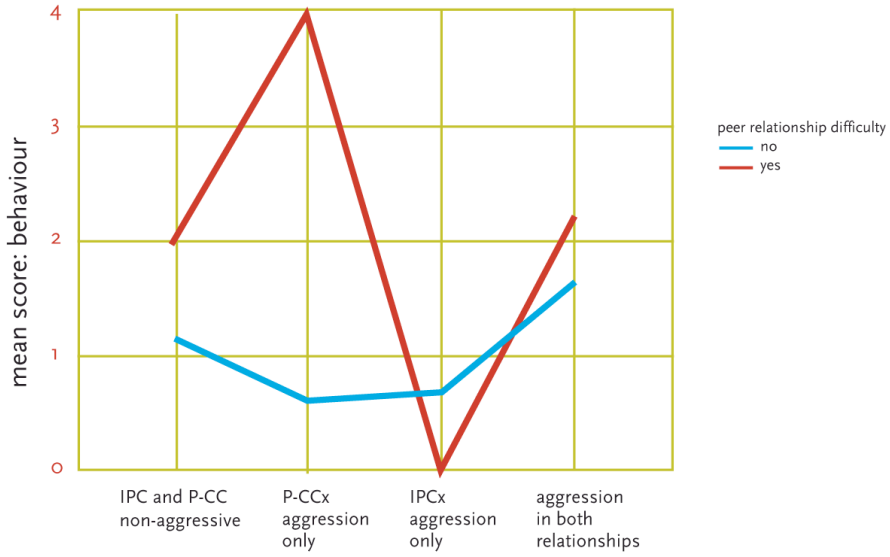
combination of poor peer relations and aggressive family conflict tactics is particularly potent
($p < .01$).

Table 25: GLM of neighbourhood-level context factors and family conflict resolution tactic group predicting children's behavioural difficulty.

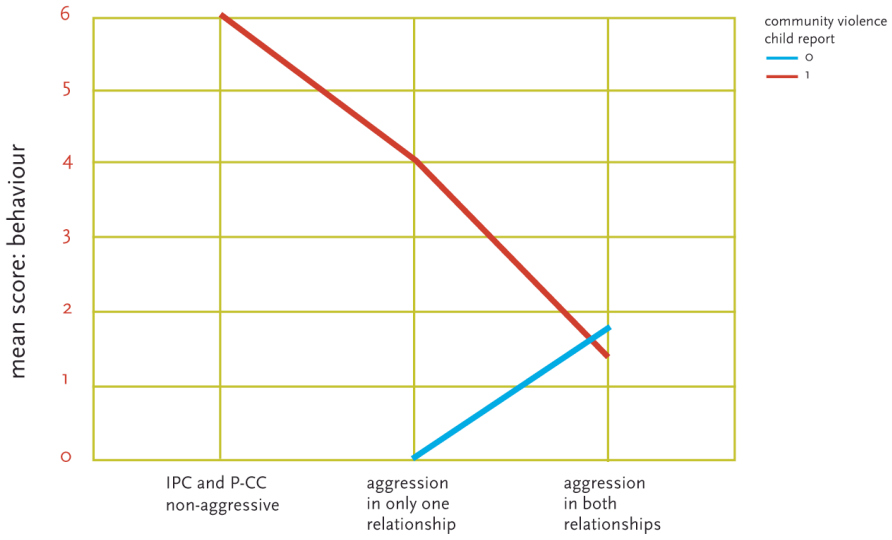
Step	Weighted base: n = 161	F	Sig.	R^2	Adj. R^2
0.	IPC and P-CC on its own	7.68	.001	.09	.07
1.	IPC and P-CC conflict	4.77	.01	.06	
2.	Social support (parent)	0.19	.95	.01	
3.	Conflict * social support	1.15	.34	.03	
4.	Combined model	2.12	.03	.12	.06
1.	IPC and P-CC conflict	1.34	.26	.02	
2.	Poor peer relations (child)	4.24	.02	.05	
3.	Conflict * poor peer relations	3.79	.01	.07	
4.	Combined model	5.48	.001	.19	.16
1.	IPC and P-CC conflict	2.57	.11	.23	
2.	Community violence (child)	3.32	.09	.16	
3.	Conflict * community violence	5.19	.04	.23	
4.	Combined model	3.49	.03	.45	.32
5.	IPC and P-CC conflict	.014	.91	.00	
	Combined model of all factors	2.96	.04	.60	.40

The interaction plot below suggests that the relationship is not straightforward. Where there was an aggressive parent-child relationship and poor peer relationships the risk of poor outcomes is exacerbated. But similar results occur in the context of poor peer relationships and healthy conflict resolution at home. One possible explanation is that children who do not experience aggression at home are not equipped to deal with it in other relationships.

Graph 25: Interaction plot of peer relationship difficulty and family conflict resolution tactics predicting children's behavioural difficulty.



Graph 26: Interaction plot of community violence and family conflict resolution tactics predicting children's behavioural difficulty.



Graph 26, above, represents the interaction effect between conflict in the home and the child witnessing violence in the community ($F = 5.19$, $p = .04$). The main effects for family conflict resolution and community violence were non-significant, when holding the other constant. The data supported a de-sensitisation hypothesis. Children who experienced aggression in both the inter-parental and parent-child relationships, as well as community violence, scored the lowest mean score for conduct difficulty, after single-type aggression with no community violence. On the other hand, children who experienced no aggression at home but violence in the community had the most elevated conduct problems.

Community Structure

The size of the community, deprivation levels, and quality and availability of resources available to children and families might all be expected to play a moderating role in the transmission of poor family conflict resolution to poor child outcomes. High-risk communities may not have sufficient medical, mental health and social services resources needed by parents. Furthermore, the take-up of assistance may be depressed even when it is available. This is particularly the case in high-risk areas (Garbarino and Sherman 1980). Indeed, ‘successful’ parents in high-risk areas often go outside of their community to obtain the help they need (Jarrett 1995).

A limited amount of data was gathered from parents about the type and extent of health and social services accessed. Most families had been in contact with a GP (73%) or teacher (92%) in relation to the child in the past 12 months. Beyond these universal services however, only one-quarter of families had had contact with a specialist health or education service. In addition, less than two per cent of children had received a service from more than one agency (that is health, education, social services and police / youth justice), suggesting that there was little transfer between cases, or that agencies rarely came together to assist families.

Most services involved information or advice giving only and lasted just briefly. In just over ten per cent of cases, services delivered were judged to be complex and enduring. Indeed, there was very little in the way of intensive services delivered to families that we might expect to have an effect on the trajectories found in the data. It was not possible with the data available to test whether service interventions moderated children's experience of family conflict. Indeed, it is only through rigorous evaluations that we can test whether specific programmes aimed at interrupting causal pathways or reducing contextual risk are effective or not.

Conclusions

This chapter has explored the way in which individual, family and neighbourhood contexts alter children's reactions to family conflict exchanges, in particular aggressive conflict resolution tactics used by parents. It has examined the differential contribution of relational and structural factors. In each case the explanation has been for the way contexts moderate the use of aggression when resolving conflict in families.

What some call the child's individual context, including stage of development and gender, appears to have little effect on the way in which the risk of poor family conflict resolution bears upon children's behaviour. Aggressive IPCx and P-CCx continue to be significant after these factors are taken into account.

The wider family context is more important. Some aspects of family structure and relationships make children more vulnerable to the effects of aggression in the home. Unemployment and poor mental health exacerbate children's experience of aggressive inter-parental conflict and tension in the parent-child relationship. The most influential structural factors were social and economic. Low social class, increased family stress due to poor housing and low socio-economic status all exacerbated children's difficulties in the face of poor family conflict resolution. In

contrast, more typical family structural components such as family size and type were not shown to be significant moderators of children's experiences.

This study has considered the use of aggression in two family relationships: the inter-parental and parent-child. The data confirmed a spill-over hypothesis, where tension and aggression in one relationship carries over into another. At times when a family is under a lot of pressure or stress it is likely that aggressive conflict between parents (IPCx) leads to tension in the parent-child relationship as parents' resources to cope are weakened. The combination of IPCx and P-CCx is associated with significantly greater risk for children's health and development.

There was some evidence that the wider neighbourhood context is also significant for altering the way in which family conflict operates as a risk for children's behaviour. Poor social support networks elevated the likelihood of problems for children, although it appears that peer relationships were also more significant than conflict in their main effect on psychosocial functioning. In addition, the data supported a de-sensitisation hypothesis when it came to community violence suggesting that aggression in the community context may make children more 'immune' to difficulties at home, or vice-versa.

The analyses presented here have been limited by the data available. Clearly there are other contexts that may be important for understanding children's responses to family-based conflict and aggression. The school environment, community groups and wider cultural setting all potentially all have a role to play in either buffering children from the effects of poor conflict resolution or adding to their vulnerability. The next chapter draws out some of the connections between the empirical findings presented here and the current literature, and indicates some of the possibilities for future research in this area. In Chapter Ten we return to the context of children's services to explore some of the implications these data might

have for the policies and practices currently directed at children and families.

CHAPTER NINE: DISCUSSION

The study of family conflict has seen increasing interest in the past three decades. Evidence has accumulated that demonstrates that exposure to aggressive conflict resolution has a significant negative effect on children's emotional, behavioural, social and intellectual development. But there is still much that is not known about how and why conflict in the home impacts upon children. In particular, it is becoming clear that while conflict is a risk for children's health and development it is by no means an inevitable route to difficulty. Indeed, many children who experience aggressive conflict at home still go on to develop healthily.

Knowledge about when and how to intervene in these circumstances appears to be more scant. Services available have typically concentrated on high-end or extreme cases of violence and very little exists in the way of preventative measures to reduce the occurrence or impact of poor conflict resolution tactics within families. Facilitating a move towards intervening earlier, to prevent difficulties from developing, requires considerably more research. This should be aimed at understanding the prevalence of the problem in families at large, the nature of its impact and, perhaps more importantly, the conditions under which children may be particularly vulnerable to its effects (or conditions that enhance children's resilience in the face of it).

This study sought to advance understanding through two studies that piggybacked a larger survey about the well-being of families and children in Dublin, Republic of Ireland. The studies were unusual in that they were based on a sample selected to be representative of all children and families in Dublin, not just those with problems. The first study examined the prevalence and impact of family conflict resolution strategies on children's psychosocial functioning. The second sought to identify significant ecological contextual factors that might help to explain why some children fare well in the face of conflict while others demonstrate

substantial difficulty. This chapter brings together the main messages from these two studies and ties the evidence back to existing literature in the field. In doing so, it also highlights areas for further investigation.

What is the Extent of the Problem?

Obtaining a true picture of the extent of aggression and violence that occurs within families has been difficult, for the reasons outlined in Chapter Two. While there are some data available, much is based on children and families already in contact with services and largely represents children who have often suffered the most frequent and severe forms of violence. Such estimates suggest that while the problem may be significant in terms of its impact, the number of children affected is relatively small. For example, children on the child protection register in the UK or in contact with services, for reasons of violence or abuse in the home, represent less than four per 1,000 children in the population (<http://www.statistics.gov.uk>).

Where available, family violence research surveys offer a different perspective (Osofsky 2003; Straus 1974; 1992; O'Brien *et al.* 1994; McCloskey *et al.* 1995; McCloskey and Walker 2000; Hazel *et al.* 2003; Cawson 2002). This study confirmed prevalence rates found by other family violence researchers. A significant number of children are exposed to psychologically and physically aggressive conflict tactics between their parents (80% of the present sample) while nearly one-fifth (19%) live in a household where violence is used to resolve conflict between parents. In addition, over half (55%) of children experience physically aggression by their parents when conflict occurs. Approaching one in ten (7%) are exposed to severe forms of physical aggression or violence.

There are approximately 520,000 children aged between three and 12 years in the Republic of Ireland (Central Statistics Office 2007). If the data reported here are reliable, over 95,000 children are exposed to physical violence between their parents at any given time and over 36,000 will have

suffered severe physical aggression from their parents. All of these figures are considerably greater than official statistics or service records suggest.

When inter-parental and parent-child relationships are considered together, reasoning and negotiation resolution tactics are used exclusively by a small minority of families, lower than one in ten (9%). 'Normal' families are aggressive: two-fifths of children experience a combination of psychological aggression in the inter-parental relationship and physical aggression in the parent-child relationship. This suggests a need to re-orient thinking about conflict and the tactics family members use to resolve it, including physical aggression.

Are these estimates reliable? Differences were found between parent and child reports of the prevalence of negative inter-parental conflict resolution, with young people witnessing or overhearing less aggression than was reported by parents. A selection of studies, relying on clinical samples, have found that parents, typically mothers, underestimate the amount of violence to which their children are exposed (e.g. Jaffe *et al.* 1990; Richters and Martinez 1993; O'Brien *et al.* 1994). Others have noted that inter-parental aggression is often observed or overheard despite the parents' best efforts to protect children (Rosenberg 1984; 1987). This finding from the study, based on a community sample, is new. Young people do not report seeing or overhearing all of the aggression that parents say occurs in their relationship.

Why should these discrepancies in parent and child accounts and between research findings occur? It may be due to asking parents to report on the incidence of their violent behaviour rather than what their child has directly witnessed or overheard. Alternative measures that assess what the parent believes the child has seen or overheard may have produced different results (e.g. Porter and O'Leary 1980). The results may suggest that the source of the sample (community versus clinical samples) is important. Where violence is frequent and severe (largely

characteristic of shelter samples), children have less opportunity to escape it.

Equally, differences may be an artefact of the measurement instrument used to gather data from young people. The Things I Have Seen and Heard (TISH) scale was administered to young people over the age of 11 years, an age group that may arguably witness fewer incidents than younger children. Adolescents typically have greater freedom to be out of the home, either at school or with friends. The scale is also limited in the extent to which it measures acts of psychological aggression, focusing only on verbal aggression. Destructive conflict in the home can take the form of silent hostility or withdrawal (e.g. Fauber *et al.* 1990). Finally, it is possible although unlikely that, the results may reflect reluctance by young people in Irish society to report honestly on what they consider to be sensitive family matters. To date, there has been no work conducted on the extent to which TISH correlates with measures of social desirability (as conducted for the CTS; Sugar and Hotaling 1996).

A final point on prevalence. It is possible that the study has examined the wrong type of incidence. While the focus of this study has been on the extent to which aggression within families is a potential risk for children's well-being, it was suggested in Chapter Two that an important component of measuring conflict is the degree to which resolution has been achieved. The instruments used in this study are strong at measuring the type of conflict resolution tactics used but not whether the conflict is resolved. This has important consequences for understanding children's outcomes. It has been shown that unresolved conflict increases the risk for maladjustment (Davies and Cummings 1994; Margolin *et al.* 2001) and that resolution in high conflict inter-parental relationships may also mitigate some of the effects of maltreatment on children (Hennessy *et al.* 2004).

The Impact of Poor Family Conflict Resolution Tactics

It has been seen that the number of children and families who come to the attention of children's services each year for child protection or domestic violence issues is far less than the number experiencing physical or psychological aggression at home. Is this discrepancy down to impact? Are the children that come into contact with services simply those children who demonstrate difficulty in the face of aggressive family conflict?

In the 'ordinary' community of Dublin, children's behavioural and emotional health, as measured using both adult and child report on the SDQ, were similar to that from across the UK (see Chapter Seven, Tables 3 and 4). While most children show little sign of difficulties, between six and seven per cent met the threshold for a conduct disorder and between two and seven per cent for anxiety-depressive disorders. Prevalence rates for these disorders in normative populations have been shown to range between one per cent and six per cent for affective disorders (Harrington 2002, p.465) and between three and five per cent for conduct and oppositional disorders (Earls and Mezzacappa 2002, p.422).[1]

Examining children's functioning in the context of poor family conflict resolution, however, revealed some important distinctions. Two methodological approaches were adopted. The first examined the impact of aggressive inter-parental tactics (IPCx) and parent-child tactics (P-CCx) independently. Wolfe *et al.* (2003, p.177) report in their meta-analysis that this is the most common methodology but that more can be learned by examining the impact of negative strategies in one relationship while controlling for negative tactics in the other. The second methodological approach took Wolfe *et al.'s* advice. As is evident in Chapter Seven, the two approaches produced substantially different findings.

[1] Differences are also evident for males and females here, with males likely to having greater prevalence (8% cf. 3% in the Isle of Wight study).

The first approach confirmed much of what the existing literature says about the relationship between aggressive family conflict and children's psychosocial functioning. That is, children exposed to psychologically and physically aggressive tactics within their familial relationships show a significantly increased risk for emotional and behavioural difficulties. However, when the second methodology is applied and account is taken of aggression in several family relationships, the impact on child well-being is reduced and is no longer significant. This suggests that IPCx and P-CCx are significant co-variates of each other; in other words aggression in one relationship may conflate or distort the effects of aggression in the other.

Both methods produce results consistent with the literature showing considerable heterogeneity in children's outcomes. Risks for poor outcomes are elevated but the large majority of children exposed to some form of aggressive family conflict tactics showed scores in the low need or 'normal' range on the SDQ, indicating that their difficulties were not likely to meet thresholds for clinical intervention or services (see Chapter Seven, Table 16).[2]

For those children who did appear vulnerable to the effects of poor conflict resolution tactics, the relationship between exposure and poor outcome was not linear. Different combinations of family conflict produce different levels and types of impairments to children's health and development (see Chapter Seven, Graphs 15 and 16). Those children experiencing a combination of psychological or physical aggression in both the inter-parental and parent-child relationship were less happy and less well-behaved than children living in families using reasoning or aggression limited to one relationship, to resolve disputes. The most prevalent category, accounting for two-fifths of the sample, experienced psychological IPCx and physical P-CCx. These children fared worst of all.

[2] Chapter Seven, Table 6 indicates that the proportion of children meeting a clinical threshold was greater where children had been exposed to severe violence in the inter-parental or parent-child relationship.

Some of these findings replicate earlier work. There are data demonstrating that children who experience aggression in more than one relationship have the worst outcomes, although these studies mostly rely on samples drawn from the severe end of the continuum, such as domestic violence and child abuse victims. Hughes and colleagues first demonstrated the 'double whammy' in the late 1980s (Hughes 1988; Hughes *et al.* 1989). Chiodo and colleagues (2003) found that children who experience both domestic violence and child abuse are at greater risk of poor psychological, behavioural and child welfare outcomes than those physically abused or exposed to domestic abuse alone. At least one study, however, has found no evidence that combined victims experience greater difficulty (see Sternberg *et al.* 1993).

This study, based on a normative sample from Ireland, takes forward understanding by showing how the 'double whammy' trend may also extend to psychological aggression and minor forms of physical aggression. However, the level of impact on children's behavioural development is small to moderate at best. The combined effect size of IPCx and P-CCx on children's behavioural functioning was shown to be an r^2 of .09, translating to a Cohen's d of between 0.1 and 0.2; (Cohen 1988). This finding, to a certain extent, replicates other studies, for example Zimet and Jacob (2001) report a Cohen's d between 0.3 and 0.5.

What about the other side of the coin? Children not exposed to any aggressive tactics during family conflict exchanges do not always fare well. Generally these children had lower mean scores for emotional and behavioural difficulty, however, a small proportion of the group display significant problems, which at times distorted the group's overall trend. Why should this be so?

The numbers of children are too small to conduct within-group tests so it was not possible to test hypotheses in any systematic way. But a qualitative look at the data throws up some possibilities that may be examined more closely in future analyses. Children displaying emotional

and behavioural problems and living in families that display low levels of aggression may be experiencing a permissive parenting style (Baumrind 1966; 1991; Darling and Steinberg 1993) or living in an environment where family members avoid confrontation. Permissive parenting is characterised by a lack of supervision, inconsistent boundaries, and a lack of parental authority and control, all of which are known risks for behavioural difficulties (e.g. Baumrind 1967). This possibility has led some commentators to speculate that laws ruling against the use of corporal punishment, such as Sweden's 'aga' rule, when mediated through reduced parental control, may increase the odds of poor outcomes (see Jutengren and Palmerus 2002). There are also other less exciting explanations for the evidence of impairment in children exposed to non-aggressive conflict resolution, such as misreporting by respondents or the presence of significant risks outside of the family relationship not accounted for in this study.

The Impact of Different Conflict Resolution Tactics

Let us look further into the data to explore the contribution of different types and levels of conflict resolution tactics on child well-being. Is it simply a matter of the kind or degree of aggression to which children are exposed that account for differences in well-being? Barnet, Manley and Cichhetti (1993) suggest that the type, severity, frequency and chronicity of aggression should all be considered.

Type

Two versions of type are distinguished in this study. First, a distinction is made between conflict resolution strategies in different family relationships. Children indirectly experience aggression in the inter-parental relationship (IPCx) and directly experience poor resolution strategies in the parent-child relationship (P-CCx). A second distinction is made between psychological tactics and physical tactics, relevant to both relationships.

IPCx versus P-CCx

Intuition would tell us that directly experienced aggression between parent and child would be more significant for children's well-being than indirect experience of aggression between parents. However, several commentators have observed that outcomes for child witnesses of domestic violence are similar to victims of child maltreatment (Hester *et al.* 2000; Jaffe *et al.* 1986). Tajima (2004) takes a different view. Re-analysing data from a national US survey, he found that child aggression and delinquency problems were more common in homes where the child was abused but there was no domestic violence, than vice versa. Tajima goes further and contradicts other studies (e.g. Hughes 1988) by finding that the rate of child problems was slightly higher in homes where there was child abuse but no domestic violence, than those were there was both. These data support theories about children being de-sensitised to violence and play down claims for the 'double whammy effect'.

This study, echoing results of Sternberg *et al.* (2005), found that children who experienced physical aggression in only one of these relationships had risks for behaviour problems similar to a non-aggressive comparison group, and that the two groups also had similar risks for clinically significant behavioural problems. Chiodo and colleagues came to a similar conclusion reporting that 'there are few differences in symptomology between children who are victims of physical abuse and children exposed to woman abuse' (2003, p.17).

Psychological versus physical aggression

A common perception is that the nature of aggression used may predict outcomes. Is violence more risky for children than psychological aggression? Shipman and colleagues (1999) found differences in outcomes in homes where there was domestic violence or child abuse but that the greatest difference was between families where there was a presence or absence of violence. Research on marital conflict tends to support this view (see Davies and Cummings 1994; Jouriles *et al.* 1991;

Margolin 1998a). Violence leads to visible injury and this plays a part in children's adjustment.

Studies of child maltreatment, however, often came to a different conclusion. The impact of emotional or psychological abuse has been much emphasised in recent years (e.g. Glaser 2002). Unfortunately, in both domestic violence and child abuse contexts the research has relied heavily on clinical samples, where there is greater incidence of severe violence. Do these findings hold true for normative populations, where typical forms of physical aggression found in families (Johnston 1995) are the unit of analysis?

Regarding relationships between parents, this study found no significant differences between children who were exposed to psychological IPCx compared to physical IPCx (all of whom had also experienced psychological aggression). It was the presence or absence of aggression in the parental relationship that predicted poor child outcomes. This was not true of relationships between parents and children where physical aggression predicted greater conduct problems for children than psychological aggression. With regards to emotional well-being, however, these differences in type of conflict resolution had no effect. It was the presence or absence of aggression that was the important factor.

These findings support other studies (e.g. Steinmetz 1979; Patterson 1982; Cohen *et al.* 1990). In a meta-review of studies on the effects of corporal punishment, Gershoff (2002) concluded that the use of physical aggression against children is associated with a range of undesirable outcomes in the long- and short-term, including anti-social behaviour and delinquency and poor mental health. Controversially however, Larzerele and colleagues have argued that physical discipline is also predictive of positive outcomes, such as compliance in children but that these are rarely

conceptualised or measured (see Larzelere 2000; Larzelere *et al.* 2002).[3] What makes Larzelere's work interesting is the focus on minor forms of physical aggression used for the purposes of discipline and providing boundaries as well as the consideration given to its potential to enhance parenting, where it produces a greater sense of control for the parents. Gershoff (2002) examined immediate compliance as an outcome measure in her meta-analysis and found a strong effect for corporal punishment (Cohen effect size of 1.13). She argues, however, that immediate compliance does not correlate with the long-term internalisation of social rules, a critical component to children's engagement with the world when they are in school, for example, and have no parent to guide them.

Given the strong association between conduct problems in childhood and difficulty in other areas of the child's life (see Angold *et al.* 1999) and how these persist into adulthood (Moffitt and Scott 2008), the question to ask is whether the small gains in compliance achieved via physical aggression as a resolution strategy will offset the negative consequences. This question requires further exploration and, like other advances in knowledge, depends on a meaningful deconstruction of the concept of 'violence'.

Severity of aggression

Many researchers have studied severity of aggression as a dichotomous variable, distinguishing between non-violent and violent conflict resolution tactics (e.g. Margolin *et al.* 2001, p.19). In this study, the distinction of non-violent and violent conflict resolution is a matter of type and not severity. Severity is an estimate of the degree of the behaviour. For example, physical aggression may be understood as ranging from minor infringements, such as being smacked or slapped, to severe attacks, such as being beaten, punched, burned or kicked. In relation to P-CCx, this

[3] Fincham and Grych (2001) also report on a study that found a positive relationship between exposure to inter-parental discord and children's creativity in later adulthood (Koestner, Walker and Fichman 1999). They argue that it is wrong to assume that the absence of unhealthy development necessarily means healthy functioning and that more research must be conducted looking at the potentially beneficial effects of conflict.

severity distinction has also been the basis for a division between corporal punishment and physical abuse (Cawson 2002). Psychological aggression may also increase in severity from shouting and withdrawal to terrorising and degrading the child (ibid; Garbarino *et al.* 1986).

There were limits to the extent to which this study could estimate the severity of aggression with respect to psychological aggression. The extreme end of the CTS sub-scale falls short of what is classified as 'severe' by respected frameworks (Cicchetti and Toth 1995; Cawson *et al.* 2000). Moreover, the normative community sample produced too few children in the 'severe violence' category to permit meaningful analysis. What evidence exists tends to support research suggesting that children exposed to severe forms of violence at home are at substantially increased risk for emotional and behavioural disorders (Jouriles *et al.* 2001a). Estimates vary but the evidence suggests that between 25 per cent and 70 per cent of children exposed to severe violence exhibit behaviour at a clinical level, compared with between 10 and 20 per cent of community comparison groups (Holden 1998; McDonald and Jouriles 1991).

In this study it was only possible to delineate between minor and severe physical aggression. Nearly one-third of children who experienced aggression between their parents at the severe end of the spectrum met the threshold for clinical disorder, compared to only four per cent of children at the other end of the spectrum. Furthermore, children experiencing severe violence were ten times more likely to be at risk of anxiety or depression (affective disorder) compared to children exposed to minor physical P-CCx.

More needs to be done to understand the experiences of children living with aggression at the severe end of the spectrum and how they differ from children who experience other forms of aggression in the family. An important contribution has been made by a recent Irish National Crime Council (2005) study, charting the characteristics of the adults involved in

physically violent relationships, minor and severe. Where violence took place in the context of an absent partner, for example, following divorce or separation, the odds of the child experiencing severe abuse were significantly elevated. The study also found that severe violence was more likely to occur in households where one partner controlled the family finances or was disabled or severely impaired. The presence of children in the household also increased the odds of severe violence being used.

Similarly, Cawson (2002), working on a UK-wide sample, found that serious physical violence used against children is often 'part of a pattern of family pathology… [including] emotional maltreatment, absence of care and supervision, violence between carers, and sometimes sexual abuse' (Cawson 2002, p.78). Where maltreatment occurs in families that resemble other non-maltreating families 'it is most likely to involve supervision problems and/or to be less serious, short term or episodic' (ibid, p.75).

This study found few differences between social characteristics of families displaying and not displaying severe violence (see Appendix I) although there were elevated rates of carer depression. It is possible however that these risk factors interact differently with nature of the aggression to affect children in different ways.

Frequency

Does the number of times a child experiences negative conflict resolution tactics relate to their adjustment difficulties? The literature on trauma would support such a proposition (Margolin *et al.* 2001) although there is less evidence within the conflict literature to suggest a linear relationship between the extent of aggression and children's outcomes. As Margolin and colleagues (2001) put it, the point at which aggressive IPCx or PCCx becomes a problem for children's development is relatively unclear.

This study did find threshold points beyond which levels of psychological aggression in the inter-parental relationship predicted poor developmental

outcomes for the child (see Chapter Seven, Graphs 7 and 9). The pattern was less pronounced for physical IPCx (see Graphs 8 and 10). It is possible that the context within which the physical aggression takes place moderates the impact of its frequency. For example, sporadic and unpredictable violence in the home will arguably result in poorer child outcomes than the consistent but moderate use of physical aggression between parents. The meaning that children attach to the frequency of the violence they experience will be central to its effect.

In summary, children experiencing the greatest levels of aggression (those who score above the 90th percentile) fared the worst. There appears to be a 'tipping point' at which the amount of aggressive conflict translates into elevated difficulty for children.

Understanding Context

The type, quality and severity of aggression and violence, between children and parents and between parents themselves, have been reviewed. These factors explain some of the variation in child outcomes but there is still a lot left unexplained. The context in which the aggression takes place may also be playing a role. Warm families, supportive neighbourhoods and strong economic environments may mitigate problems at home. Before considering these contexts however, the role played by the individual child context must be explored. Much of the analyses to date have treated the child as a cipher into which aggression is poured and to which the child reacts. But children are not ciphers and they do not react in routine ways to external stimuli.

Every child, in the course of their development, must negotiate and master a series of milestones in order to achieve healthy development (Cicchetti and Cohen 1995). Although family, parenting and community contexts may vary the world over, these milestones are surprisingly similar (McCabe *et al.* 2000). The key milestones are well described in most child development texts (e.g. DeHart *et al.* 2004) and a number may be salient

to children's reactions to poor family conflict resolution. For example, aggression and violence at home may interrupt children's attachment process, producing emotional insecurity and later problems with interpersonal relationships. It is possible that aggression at home is implicated in the development of insecure or disorganised attachment styles (Cicchetti and Carlson 1989; Wolfe *et al.* 1998).

Self-regulation may also play its part in translating IPCx and P-CCx into negative child outcomes. The ability to internally control behavioural and emotional functioning (Cicchetti and Tucker 1994) is critical to children's ability to negotiate complex social situations (Gerwitz and Edleson 2004). This skill is mastered over the course of childhood. In the face of family conflict, younger children may have a tantrum or act out while school-aged children may be more adept at controlling their emotions and behaviour. It is due to this reduced internal control that younger children routinely display higher levels of behavioural problems.

If parents are unable to assist children or hamper them mastering self-regulation during critical periods of development, poor outcome are more likely. The failure to model constructive behaviour by using violent conflict resolution tactics is one route to impaired self-regulation, which in turn can lead to conduct and behavioural difficulties (Masten and Coatsworth 1998). A recent meta-analysis found that pre-school age children witnessing family violence are at greater risk for poor outcomes than adolescents (see Kitzmann *et al.* 2003). On the other hand, Wolfe and colleagues (2003) demonstrated that school-aged children show the greatest effect size for adjustment problems in the context of witnessing inter-parental violence.

This study found that while younger children are more likely to be exposed to conflict at home, the interaction of age and exposure to aggression was not a strong predictor of conduct problems ($p < .10$). An interaction plot (see Chapter Eight, Graph 19) did suggest that aggressive parent-child conflict was more salient for older children's adjustment while poor inter-

parental conflict resolution was associated with greater difficulty for younger children. This supports literature reviewed in chapter two (Acock and Demo 1999) where studies have found that physical punishment used on a regular basis by parents with older children is associated with behaviour problems (Rutter, Giller and Hagell 1998).

The extent to which an experience becomes normative may explain this finding. Physical discipline of children peaks at around the age of two to four years (Creighton and Russell 1995) and children who continue to experience it into later childhood may feel set apart from their peers. If they feel inappropriately sanctioned, then higher levels of affective problems and externalising responses may be expected. Another explanation is younger children's lower level of cognitive ability to appraise conflict between parents, and importantly to avoid self-blame (see Grych and Fincham 1990).

Despite the potential to explain variation in the impact of poor family conflict resolution tactics on child well-being, this study did not find the age of the child, as a proxy for developmental stage, to be important. The study did find the gender of the child to be significantly related to adjustment problems in the context of negative family conflict resolution, explaining an additional two per cent of variance.

The Family Context

As explored in Chapters Two and Three, a new generation of research (Fincham 2004) has begun to look at factors that might explain the considerable variation in children's adjustment to family conflict and violence. Most of the emerging models are focused on the internal processes of the child, such as appraisal mechanisms (Kerig, 2001). This study has tried to supplement this understanding with new data on the family context. Do processes, relationships and circumstances within the home aid understanding about children's differential responses to family conflict resolution.

The study found no instances of physical aggression used by parents in the absence of psychological aggression or reasoning tactics. Violent parents are not solely violent. Parents use a range of conflict resolution tactics in their relationships. Most instances of violence against children are perpetrated in the context of normally occurring disciplinary tactics. They are seldom random, one-off violent events. Parents typically rely on increasingly aggressive strategies as their ability or resources to cope with the situation decreases; for many parents physical discipline is the last resort rather than a preferred method of discipline (Creighton and Russell 1995).

Aggression and tension in the inter-parental relationship tends to spill over into the parent-child relationship. It is through disruption to the parent-child relationship, produced by the introduction of harsh or aggressive parenting behaviours, that poor inter-parental conflict resolution translates into behavioural difficulty for the child. The large majority (92%) of children who experienced physically aggressive IPCx also experienced physically aggressive P-CCx, suggesting that physical aggression in the inter-parental relationship is a significant risk factor for the use of physical violence against children.[4]

Spill-over has been explored in several studies (see Cox *et al.* 2001 and Conger *et al.* 1992; 1993; 1994). Indeed, one theorist investigating problem, delinquent behaviour in children claimed that '… whenever you have a disturbed child, you have a disturbed marriage' (Framo 1975, p.22). While today the phrase appears overly deterministic, there is some empirical support for the argument. But too much of the evidence relies on clinical samples, for example women in shelters or child protection cases (see National Clearinghouse on Child Abuse and Neglect Information 2001). Obtaining appropriate rates for normative samples is more difficult. Rates of co-occurrence range between 30 and 75 per cent (e.g. Appel and

[4] Few studies have looked at aggression in the parent-child relationship as a risk for aggressive conflict in the marital relationship, although Hangen (1994) found an adult victimisation rate of approximately 32 per cent in child protection cases in one US state.

Holden 1998; Margolin 1998b; Edleson 1999; Graham-Bermann and Edleson 2001), with some community samples generating rates as low as six per cent (Appel and Holden, 1998).

The data fit what has been termed a 'parenting process model' (see Emery 1982; Holmbeck 1997). There are a number of examples of this model. Moreau *et al.* (2005) found that inter-parental conflict was only significant in its effect on child depression through 'parenting behaviour'. Similarly, Fauber *et al.* (1990) found that in recently divorced families, high levels of conflict between parents were associated with increased maternal withdrawal and rejection, which was then directly responsible for children's elevated emotional and behavioural difficulty. Harold and colleagues (2005) found that the relationship between inter-parental conflict and low academic achievement was mediated through harsh and rejecting parenting, the child's appraisals for self-blame and responsibility, and child behaviour problems.

The study's finding that the independent effects of IPCx and P-CCx are reduced to non-significant when account is taken of aggression in both relationships is contrary to research that find both direct and indirect effects for aggressive conflict (see Harold and Conger 1997; Harold *et al.* 1997; Margolin *et al.* 1996; Silver *et al.* 1995). Litrownik and colleagues found that 'even though there was a relationship between witnessed and directly experienced family violence, both had independent, non-interactive effects on subsequent behavior problems' (2003, p.59). The authors stress however that 'differences between witnessed and victimized violence can be confounded with severity of physical versus non-physical violence' (ibid, p.61), a suggestion that echoes this study's findings on severity.

Buchanan and Heiges point out that parenting may also be a moderator of the inter-parental conflict-adjustment link, in so far as the negative effects of IPCx may be ameliorated when parenting remains effective (2001, p.349). There was little evidence from the Dublin data to support such a

compensatory hypothesis. Most cases of aggression in the inter-parental relationship translated into difficulties in the parent-child relationship and where there was violence in the inter-parental relationship there was always aggression in the parent-child relationship. The effect size was moderate to large ($r^2 = 0.60$, see Cohen 1987) and aggressive IPCx accounted for nearly half of the variance in violence used by parents directly against children. These findings support the potential for children to become scapegoats in parents' attempts to distract their own and others' attention away from a violent marriage (see Cox *et al.* 2001).

While limited in the extent to which family functioning was captured by the available data. It is concluded that the processes and relationships within the wider family context play a role in the way negative conflict resolution 'gets into the body'. These data make a persuasive argument for future studies to differentiate between family relationships, examine family processes and take into account the circumstances and structure of the family unit.

Economics

A large number of studies have examined the importance of a family's financial circumstance as a risk for children experiencing aggression and violence in the home (e.g. Belsy 1980; Fantuzzo *et al.* 1997; Pelton 1994). Although aggression and violence in families is found across the socio-economic spectrum, its likelihood increases with poverty, social isolation and lack of education (Glaser 2000).

The data from Dublin did not show an association between socio-economic status or social class and the use of aggression to resolve family conflict. These data confirm suggestions about the normality of aggressive conflict resolution strategies in children's day-to-day lives, extending not only to poor families but also those with abundant financial resources.

Another question is whether a family's financial circumstances also serve to increase children's vulnerability to the effects of poor conflict resolution when it occurs. The study indicated that low socio-economic status and social class were significant factors for understanding the variation in children's behavioural adjustment to aggressive family conflict resolution. The combination of low socio-economic status, and low social class, with aggression in both the parent-child and inter-parental relationship substantially elevated children's risk of displaying behavioural difficulty. A similar pattern was evident for family stress related to poor quality housing and parental unemployment alongside IPCx and P-CCx.

The burden of family-based aggression or violence combined with economic hardship is too much for many children to bear. Poorer children are less able to 'escape' aggression and violence at home. They cannot get respite by paying for and joining in leisure activities or social groups outside the home. The evidence from this study suggests that socio-economic impact on children's developmental outcomes is largely felt through its effect on the quality of family relationships or processes. With the exception of social class[5], none of the socio-economic indicators retained a direct or main effect on children's adjustment after controlling for family conflict (see Chapter Eight, Table 24). By comparison, family conflict remained a significant predictor of adjustment, even after controlling for economic status.

There is support for this conclusion elsewhere. Baumrind (1995) suggests that the effects of poverty on children are largely felt through its impact on the parenting process, because parents with low socio-economic status are at increased risk for using harsh and power-assertive parenting techniques. Conger *et al.* (1992) also found that economic stress affected parents' psychological well-being, undermining their ability to care-give and parent effectively.

[5] Social class may arguably relate as much to the expectations and values that different groups within society have about parenting and behaviour, for example, as it does to financial circumstances.

Neighbourhood and community

Many social problems co-occur. For example, poor socio-economic status affects most households in a single community. In that community there will be elevated rates of families using negative conflict resolution techniques and children more at risk of behavioural or emotional problems, which are the product of those techniques. The social conditions in neighbourhoods and communities, therefore, play an important part in the way children are raised (Freisthler *et al.* 2006).

Yet, while there is good evidence on neighbourhood risk for violence, for example, little has been written about the way in which neighbourhoods might moderate or change children's developmental trajectories in the context of family conflict and violence (Trickett and McBride-Chang 1995). Equally the role of schools or other community groups in changing children's response to family risk has been largely ignored, with some notable exceptions such as Cowan and colleagues' (2005) work on the way family processes shape children's adjustment to school-based risk (e.g. Cowan *et al.* 2005).

It is known that social support networks decrease child maladjustment, especially when compared to alternative coping strategies of avoidance or denial (Margolin *et al.* 2001; Rogers and Holmbeck 1997). Graham-Bermann and colleagues (1996) found, however, that while a lack of support correlates with poor outcomes, the presence of support does not always mitigate the negative consequence of violence. Cawson (2002) found that support only made a significant difference when offered by a birth parent. Others have found interaction effects, with increased levels of support producing improved child adjustment, which in turn heighten the support offered to children (Jenkins and Smith 1990; Rogers and Holmbeck 1997; Magdol *et al.* 1997).

In reality, however, many children who experience violence at home also have poor peer relationships, finding it difficult to make friends, perhaps

due to restrictions by parents or a fear or embarrassment of bringing friends home (Garbarino *et al.* 1985; Cawson 2002), meaning that they miss out on the support they need. It is also known that children from homes characterised by high conflict are also more likely to select anti-social or disruptive peer networks (Rutter *et al.* 1998; Ghate and Daniels 1997).

The study set out to conceptualise and, where possible, measure the extent to which neighbourhood and family contexts shape children's response to poor family conflict resolution. It shows that social support is a significant moderating factor in the context of aggression and violence at home. The evidence from this study suggests that children's peer networks were the source of greatest positive influence. The social support available in the neighbourhood for parents appeared to be less influential, at least with respect to family conflict. The moderating effects of peer support were strongest for children who experienced direct aggression from their parents.

Unfortunately, these data cannot reveal whether children who were experiencing aggressive conflict resolution tactics at home struggled with interpersonal relationships outside of the home. It might be expected that IPCx and P-CCx would result in children having poor conflict resolution skills themselves and poor self-regulation. In this sense, aggressive conflict may be providing children with another form of 'double whammy', putting them at risk for adjustment difficulties and reducing opportunities for them to seek or enlist support outside the family. Longitudinal data are needed to discover whether this phenomenon exists.

The study was able to show the extent to which children's exposure to violence in their neighbourhood, in the form of gang crime or other anti-social behaviour, influenced what happened at home. Community violence, as reported by the child, was found to be a significant moderator of the effects of IPCx and P-CCx but not in the direction that might have been expected. Children who experience no aggressive conflict resolution

at home are the most disturbed by aggression and violence in the community. On the other hand, children who get 'used to' poor resolution strategies in the home are less affected by aggressive conflict exchanges in the wider neighbourhood. They are de-sensitised by problems at home.

In some ways, these data mirror those collected by Aber (1994), who found that community violence does not always exacerbate the effects of family violence on children's adjustment. More work is needed on the direction of the effects, however. There is good evidence that children who are the victims of both maltreatment at home and victimisation in the community are significantly more likely to have increased risk of depression, stress and low self-esteem (e.g. Cicchetti and Lynch 1998; Cummings 1998).

Society and Culture

It was not possible within the limitations of a Ph.D. study to collect data on the role society and culture play in moderating the effects of poor family conflict resolution but there is some evidence from other sources on which to draw. How should societal differences in family violence and its effects on children be conceptualised? Clearly there are significant differences in societal attitudes towards the use of physical aggression or violence in the family and in the neighbourhood (Belsky 1980; Cohen & Nisbett 1994). Attitudinal surveys are a useful means of measuring these differences but can be fraught with methodological difficulties. Alternatively, the prevalence of violent crime in society and legislation prohibiting the use of violence can be used as proxy indicators.

The British Crime Survey asks respondents about incidents of intimate partner violence. There are limitations to these data due to definitional and sampling issues (Mirrlees-Black 1995). In the US, the Family Violence Laboratory has carried out a number of representative surveys of family violence. In Ireland, there is an acknowledged lack of 'long-run' data on child abuse and large inconsistencies in the data obtained from different regions or health boards (Carrie 2004).

These data tend to suggest that there has been a decline in the prevalence of domestic violence incidents. In the UK, for example, the rate has declined by three-fifths (59%) between 1995 and 2005 (British Crime Survey 2004/5). Similar patterns are evident for child maltreatment rates, where there has been a decline of some 20 per cent in the US since 1993 (Jones *et al.* 2006). UNICEF report that deaths resulting from child maltreatment are on the decline in most countries in the industrialised world, and that risk factors most closely associated with child abuse such as poverty, stress on the family, and drug and alcohol abuse are also ameliorating (UNICEF 2003). There is a consensus that these reflect real change and are not an artefact of reporting systems. Generational changes, improved prevention initiatives and better public health are among the explanations for the change.

What about civil and criminal legislation? Clearly there have been changes. Early legislation permitted a 'rule of thumb', allowing a man to beat his wife with an implement as long as it was no thicker than the width of his thumb (Martin 1976). Most economically developed countries have enacted specific domestic violence legislation in the last two decades. The nature of this legislation varies greatly (Kelly 2001). Some have resorted to civil protection orders (e.g. Finland and Spain), while others created criminal offences (e.g. Belgium and Sweden). The same is true with respect to legislation for children. In Sweden, the 'aga' law prohibits the use of any physical aggression against children. What might be conceptualised as corporal punishment in the UK or Ireland would be labelled abusive in Sweden and other countries (NSPCC 2002). In some states violation of these laws results in assistance, in others punitive sanctions are enforced while in some countries both responses may be found.

It is possible that the UNCRC represented a significant shift in ideals around the concept of childhood. But as Lansdown (2000, p.417) argues, the language used to describe violence against children, for example

‘smacking’ or ‘spanking’, culturally reinforces the behaviour by playing down the significance of the experience. Violence against children is viewed differently than violence used against adults. Violence towards children continues to be condoned both legally and socially (ibid).

The influence of culture and society in moderating the effects of IPCx and P-CCx is most likely down to its indirect effect on families and parents. Sidebotham and the ALSPAC team (2001) suggest that culture is responsible for the increased stress and lack of support given to families. In today’s society, time pressures, financial concerns and expectations of ‘what good parents ought to be’ (2001, p.479) make real differences to family life. Families placed under increased pressure and stress are more vulnerable to inequality (UNESA 2005) and increasing divorce rates (Gonzalez and Viitanen 2006).

Little attention has been given to the way religious belief might be implicated in children’s response to poor family conflict resolution, including violence (Gershoff 2002). While religious affiliation has been linked to parents’ discipline behaviours in the US (e.g. Gershoff *et al.* 1999; Ellison *et al.* 1999) nothing is known about the way beliefs moderate a child’s understanding or appraisal when witnessing or experiencing aggressive behaviour at home. It is possible that religious beliefs may normalise children’s experience of violence (‘it is God's will’). At present, however, there are few answers to these hypotheses.

It is evident that cultural groups differ in the way they manage conflict (Ting-Toomey 1988; Ting-Toomey *et al.* 1991). On the other hand, there is a human trait that leads us all to seek out reasoning before we resort to competition and destructive approaches (Kim and Leung 2000). More research is needed however to examine the extent to which these factors show a unique effect on children's adjustment or whether they are mediated via community and family level processes.

Conclusions

This chapter has reviewed the contribution of the study's main findings to the evidence base. It has shown that a significant proportion of children experience and are adversely affected by aggression and violence at home. While differences in the type, severity and frequency of the experience are all important, aggressive strategies used by parents in the context of disputes with partners and children put the child at significant risk of behavioural difficulty and, to a lesser degree, emotional problems.

The study has gone beyond the simple cause-effect correlations to look at the conditions that lead children to respond differently to the same exposure to poor family conflict resolution. The study supports a parenting process model, suggesting that disruptions to the parent-child relationship help explain the use of different conflict resolution tactics. The study further explains how the context of the individual child, family, neighbourhood and society moderates family processes, changing children's exposure and responses to IPCx and P-CCx.

More research of this type is needed. The effects of conflict are typically reduced by the moderating factors described in this and previous chapters. Blocks of characteristics in combination are stronger predictors of difficulty than single characteristics or variables (also found by Tajima 2004). It was not possible to evaluate the relative contribution of each layer or level, independently or in interaction. Future studies will explore this area. The goal will be studies that 'can organize risk factors and distinguish distal from proximal, causal from marker, mediator from moderator from direct effect, and strong from weak' (Heyman and Slep 2001, p.500).

While much has been learned about children's responses to conflict and violence, a question remains about whether these findings signal any change to the way in which children's services operate. This is the subject of the next chapter.

CHAPTER TEN: IMPLICATIONS FOR CHILDREN'S SERVICES

The previous chapter has reviewed how the findings of the study fit with the existing literature. But the progression of knowledge is not the only concern of this study. How can the evidence be used to improve the lives of the children affected by poor family conflict resolution? One aim of this study has been to take messages from the research and assess their relevance for children's services' policy and practice. The evidence may have exposed some contradictions in the way in which services for children and families are currently organised.

Using the empirical findings from the study, this chapter suggests a different way of thinking about domestic violence and child maltreatment, and opportunities for children's services to prevent family conflict and violence. It sets out what is known about the nature of interventions likely to respond to children's needs in these circumstances.

Thinking Differently About Domestic Violence and Child Maltreatment

Limitations in the constructs of conflict, aggression and violence as they apply to family life have been a constant refrain in this study. The challenge has been explored with reference to the way parents resolve their disputes with each other. What happens when this is called 'domestic violence'? The study has also considered the resolution of disputes between parents and children. How does this intersect with child maltreatment? As Jouriles and colleagues have commented, 'given the current state of the literature any attempt to strictly maintain [these] distinctions… is almost impossible' (2001, p.316). This thesis does not make the argument that conflict underpins all violence. Rather it suggests that conflict may be a helpful concept for understanding why and when physical aggression may be used in family relationships and the way in

which this aggression may escalate over time (see Gelles and Straus 1988; Wolfe 1987; Gershoff 2002).

Understanding policy makes us more concerned with domestic violence and child maltreatment than with 'normal' conflict resolution within families (Ooms 2001). Policy does not see a connection between violence in the family that warrants state intervention and ordinary conflict resolution, nor is there recognition that minor forms of aggression may be harmful to children's health and development. Similarly, no distinction is made between families characterised by ‘common couple violence’ compared with those where men’s pathological behaviour is the root of the problem. Some call this ‘patriarchal terrorism’ (see Johnston 1995).

Researchers working across the disciplines of domestic violence and inter-parental conflict have struggled to reach a consensus on definitions of the concepts, the empirical operation of the behaviour and attitudes used to define parenting, or the quality of the parent-child relationship. Poor family conflict resolution is typically viewed as qualitatively distinct from malicious violence that occurs without provocation or preceding dispute. There are currently no aetiological studies examining how these constructs unfold separately or together, or of their impact on children’s health and development. The field of domestic violence is largely driven by ideological forces that have allowed reluctant policy-makers to see that men battering women is wrong. Unfortunately, empirical research, including that on inter-parental conflict, has too often been drawn into the ideological debate.

A common method for law-makers and academics to distinguish between different forms of aggression and violence has been the degree to which the behaviour is ‘reasonable’. The severity of the behaviour and the presence or absence of an injury, are frequently used to determine whether a parent is guilty of domestic violence. However, as has been seen, violence can occur in the context of unresolved conflict. Furthermore, distinguishing between reasonable and unreasonable behaviour may be plausible and valid when trying to decide whether the

state should intervene in family life. But it is not necessarily a good predictor of whether the state should intervene to improve outcomes.

The data presented in this study suggest that minor and severe physical aggression have different impacts on children's outcomes. Children who experience or who are exposed to severe forms of physical aggression demonstrate significantly elevated emotional and behavioural difficulty compared to those who experience minor forms of physical or psychological aggression. The severity of the experience may be more important for understanding outcomes than the type of negative experience.

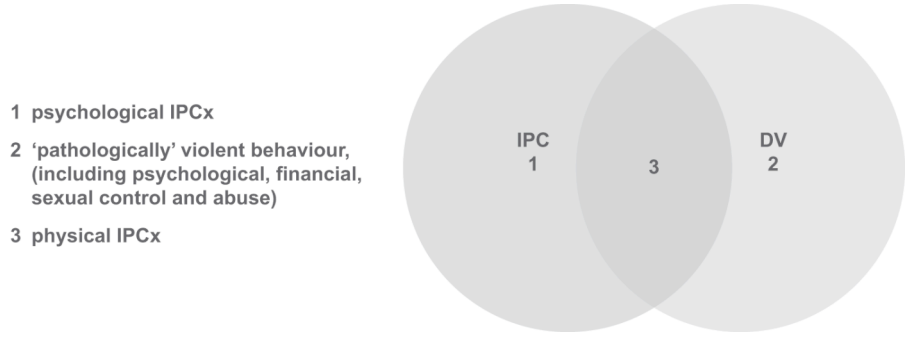
The relationship between the state, the family, and children's health and development can be thought of as one axis. Another is the extent to which the state has responsibility for the individual, family, neighbourhood, school and societal contexts that have been shown to influence conflict resolution in the family as well as children's responses to it.

The conceptual overlap between family behaviours that warrant state intervention and those that bear upon children's health and development has been described with respect to domestic violence and inter-parental conflict. The same overlaps occur with respect to poor conflict resolution between parents and children and what is recognised as child maltreatment. There is also the tricky issue of how all these constructs overlap with each other. The Venn diagrams, over-page in Diagram 6 and 7, represent the preceding argument, setting out potential areas of overlap and distinction between constructs.

The first diagram deals with the overlap between inter-parental conflict resolution tactics and domestic violence (DV). Area (1) represents families that use non-violent, verbal or psychologically aggressive tactics to resolve situations of conflict. Area (2) captures families where violent behaviours, including psychological, financial and sexual control and abuse, are used. This area includes what is typically characterised as domestic violence. It

is assumed that much of the behaviour is pathologically motivated.[1] The interconnecting space, labelled Area (3), represents families where intimate partners use physical aggression to resolve conflict. This is perhaps the most under-studied area of aggressive behaviour within families.

Diagram 6: Venn diagram representing the overlap between IPCx and domestic violence.



The second Venn diagram deals with the relationship between conflict resolution between parents and children and child maltreatment. Area (1) bounds families where aggressive but non-violent conflict resolution tactics are used between parents and children. Area (2) deals with the abuse or maltreatment of children that cannot only be explained in terms of family conflict resolution and where the parental behaviour may be pathological in nature. Area (3) captures families where physically aggressive behaviours are used by parents against their children to resolve conflict. Many of these behaviours will be referred to as corporal punishment.

[1] Pathological does not necessarily mean the perpetrator is mentally ill; in the context of domestic violence it may refer to the behaviours that men employ 'in efforts to maintain socially sanctioned power and "coercive control" of women' (Yllo 1993 cited in Jouriles *et al.* 2001: 16; Dobash *et al.* 1992).

Diagram 7: Venn diagram representing the overlap between P-CCx and child maltreatment.

In both diagrams, the interconnected space (Area 3) involves conflict-related physically aggressive behaviours that are often gathered up by studies of domestic violence and child maltreatment, and, in all likelihood, are the subject of domestic violence and child protection services. Clearly there is a difference between physical aggression that is the product of conflict and, say, a male partner's desire for power and control or pathological parenting.[2]

Some analysts, for example the authors of the Conflict Tactics Scales, see the overlap of concepts as a strength since it means the measure does capture domestic violence (Straus 2007). This study comes to the opposite conclusion. The distinction between pathologically motivated violence and violence that is the product of a failure to respond effectively to conflict, handicaps understanding and fails to assist with designing and providing appropriate services and interventions.

As yet, the proportions or prevalence of each 'space' are unknown. Findings from this study would suggest that between five and seven per cent of children live in families where violent pathological behaviour

[2] Definitions of child maltreatment and abuse are further progressed than those relating to domestic violence, with a distinction being made between violence used with the intention of causing injury and that where the infliction of harm on the child was not the purpose (although it may have been the outcome) (Emery and Laumann-Billings 2002).

occurs. These proportions are far higher than are currently catered for by child protection and domestic violence agencies. More epidemiological studies are needed that conceptualise and measure each of the categories and their overlap with service use.

This study has brought to notice the risk to the emotional and behavioural outcomes for children living in families in Area 3. This group is often neglected by research, which tends to be overly preoccupied with the mechanisms underlying non-violent conflict (e.g. Grych and Fincham 2001), and by services, which tend to favour intervention where there are severe forms of abuse.

The diagrams deal with overlaps within the inter-parental and parent-child relationships. But this study has stressed the connection between these two domains. How do these diagrams overlap? The parent-child relationship has been shown to be a critical link in the use of aggression in the inter-parental relationship, and in children's emotional and behavioural problems. It is through disruptions to parenting practices or an increased likelihood for harsh parenting that poor conflict resolution between parents has its effects on children. In the diagrams, there may be considerable overlap or spillover between spaces denoted IPC(1) and P-CC(1); IPC(1) and P-CC(3); DV(2) and CM(2); as well as IPC(3) and P-CC(3). For example, to take one pathway, where there is significantly raised family stress due to a lack of resources, tensions between parents (IPC 1) may mean they respond in an inappropriately harsh way to situations where they would otherwise have used ordinary discipline (P-CC 3).

What does this mean for services offered to children and families? It does not make sense to respond to conflict-related physical aggression (Areas 3) in either the inter-parental or parent-child relationship with orthodox child protection or domestic violence services. The result would be to leave family members stigmatised by the process without much prospect of the risks that produced the family stress, coping difficulties and lack of resources or support being addressed (Ooms 2001). There may be a

useful role for parental mediation, couple counselling and family support models for families in this category.

The reverse argument is accepted. Nobody would argue that families in which there is severe violence (Areas 2) should be dealt with as families characterised by non-violent discord or minor aggression. Quite apart from the consequences for children's and women's safety and child well-being, there are human rights concerns. People have a right to live a life free from violence (UNCRC 1995).

Ooms summarised the point well: '... front-line staff [then must] learn how to distinguish between a couple who may occasionally slap each other in the heat of an argument… and those for whom there is a pattern of frequent, serious physical abuse and intimidation and fear' (2001, p.252). Both types of behaviour have consequences for children but the policy and service response may be, and arguably should be, very different.

Prevention and Early Intervention

There is a disparity between the number of children shown to be affected by poor family conflict resolution and the number of families getting support to better deal with disputes. Most of those getting support receive an intervention, often through child protection or domestic violence services. The help comes *after* the problem is identified.

A change in the balance between prevention and treatment may be one way of reducing the use of aggression in families. It is well known that public health approaches that seek a small alteration in the behaviour of large populations have the effect of reducing well-ingrained problems of the few as well as the majority. Reducing generalised aggression in the majority of families could have the effect, over an extended period of time, of reducing violence in a minority of homes. Rose (1985) best explains the broad theory. There is support for the formula with respect to family conflict from longitudinal studies and overviews that suggest reductions in

physical punishment would result in reduced levels of juvenile delinquency, adult depression, substance use, as well as gains in educational achievement and employment (Straus and Paschall 1998).

Education campaigns that promote and enhance behaviours that are incompatible with violence and abuse and encourage the formation of healthy relationships would be one mechanism to deliver public health prevention (Wolfe and Jaffe 2001). Since the impact on the use of violence to resolve conflict in families would take time to be seen and would likely be small but significant, the public health approach would need to sit alongside interventions that work with families and children at high-risk.

There are examples of broad-focused policy initiatives that aim to target social norms and values, and public health style campaigns[3] reducing the amount or nature of aggression and violence in families (Klevens and Whitaker 2007). Wolfe and Jaffe comment on how prevention in the context of a violent society '… entails environmental and cultural explanations in addition to individual ones for the causes of violence and similar concerns…' (2001, p.294). Legislative change in Sweden, for example, has impacted on cultural values around the acceptability of the use of physical aggression to resolve conflict between parents and children, leading some commentators to advocate the banning of physical aggression against children altogether (e.g. Schenk *et al.* 2000; Cawson 2002; Straus 2005). Signalling the disapproval of such behaviours in the public consciousness has potential public health benefits as well as being an acknowledgement of children's rights (UNCRC 1995).

To be successful, such a strategy would need to be accompanied by provision to support parents to manage conflict using alternative strategies. Specific legislation around social problems like domestic violence only make a difference to children's lives when translated into

[3] A good example would be the NSPCC's 'Cruelty to children must stop. FULL STOP.' which sought to prevent and reduce the abuse and neglect of children by raising public awareness.

differences in the services and support offered to families (Wolfe and Jaffe 2001). In Sweden, for example, violation of the legislation is recognised as an urgent need for support and guidance within the family, rather than an opportunity to vilify parents for their wrong doings (Schenk *et al.* 2000).

Achieving a balance between prevention, early intervention and treatment is not straightforward, as long efforts to refocus child protection towards family support in the UK demonstrate (e.g. DfES 2004). Child protection and domestic violence work can become over reliant on 'rescue', for example by removing children from home into state care or providing shelter accommodation for women and children. While emergency rescue and protection are clearly vital for a tiny proportion of the population, they are not relevant to the broader population with their wider spectrum of needs.

Family support, which does address the needs of a broader population, has the potential to protect children from harm, partly by reducing the stressors that produce aggression in normally occurring conflict situations (Barlow *et al.* 2006). Progress, however, depends on better definitions of family support services (Little and Sinclair 2005), extending their reach (Department of Health 1995) and giving staff more knowledge about community services provided by other local departments or agencies (Penn and Gough 2001). Contemporary models are also beginning to highlight the importance of considering the wider support system and community context (Barlow *et al.* 2006).

If the evidence in previous chapters were reliable, the success of a broadly preventative approach, such as family support, would likely be dependent on a number of conditions being met. First, any provision would best extend beyond economically disadvantaged families currently receiving provision. The study demonstrates that a family's financial and economic circumstances increases children’s vulnerability to aggressive conflict resolution at home. But those from financially better off homes are by no means immune. It is evident that more thought needs to be given to the

role of economic stress and how this might alter practitioner assessments and responses. This means going beyond an automatic association between poverty and risk for poor outcomes.

Second, a preventative approach would also extend beyond protecting children from harm and a narrow focus on the cessation of physical aggression by parents. Children's services professionals are asked to distinguish between physical, emotional and sexual maltreatment as well as neglect. But this generally stops short of looking at causal pathways that, for example, examine the possible causes and sequelae of physical maltreatment. There is little attention, for example, on emotional maltreatment in policy or practice (Behl *et al.* 2003), which is surprising given that it generally accompanies other forms of abuse (e.g. Cawson 2002). Psychological aggression, which might be considered as one part of emotional maltreatment, has been shown in this study to be a strong predictor of children's adjustment problems.

Third, a more forensic approach would consider how problems cluster and the differential effect on child outcomes. For example, children who experience physical aggression in *either* familial relationship *always* experience psychological aggression in addition. If the evidence from this study is reliable, these are not separate experiences. A high degree of psychological aggression may be indicative of an environment that is high in criticism and low in warmth, long used as a proxy for risk in the child's family home and associated with poor outcomes (Department of Health 1995). These data prompt more attention to features of parenting style, such as warmth, criticism, structure and control (e.g. Baumrind 1991; Cowan and Cowan 1992) and parents' acceptance or rejection of a child (Rohner 1984; 1985). These have been found to predict positive child well-being to at least a small extent (e.g. Marsiglio et. al. 2000) as well as problems of social or cognitive competence (Hetherington and Parke 1986).

Fourth, any broadening of focus will have consequences for thinking about the integration of children's services. Much research and policy commentary has pointed towards the need to work better across boundaries and for greater interdisciplinary and multidisciplinary communication and collaboration (see MacDonald 2000; Anning *et al.* 2007). These arguments are consistent across social care and health (Edwards and Miller 2003), agencies that are fundamental to intervening in family life. An evidence-based approach to the integration of services would need to look beyond structural links between organisations and agencies (ibid 2003; Morpeth 2004). Thinking about ways in which disciplines and agencies might co-ordinate assessments and processes, or design and deliver a co-ordinated service response to a social problem, using data about potential causes and consequences, could be more productive.

For example, in this study it was shown that aggression and tensions in family relationships are connected and that multiple problems lead to elevated adjustment problems. How then could services for women and children work more effectively together? Carer depression was found to be a common consequence of the spill over of tension and aggression from one relationship to another. What then is the role of mental health services in responding to family conflict difficulties?

Evidence-Based Programmes

What kinds of interventions might be better placed to prevent and respond to family-based conflict difficulties? There is a growing body of evidence-based interventions that are proven, by experimental evaluation, to impact on the risks that lead to poor child outcomes. Some of these programmes are relevant to family conflict resolution. They do not always address all of the risks identified in this study, so, as well as reviewing the evidence, proposals are made about additional elements that might boost the success of these models.

Training or educating parents to distinguish and maintain separately their roles of partner and parent has been shown to impact on family process (see Belsky *et al.* 1991). Such an intervention would mirror the so-called 'compensatory hypothesis' (Erel and Burman 1995), which suggests that parents may have a hostile or poor relationship with one another but good relationships with their children. To be successful, such an intervention would need better evidence on the underlying mechanisms and its connection to particular responses.

For example, it is known that the birth of a couple's first child is linked with decreased marital satisfaction and increased risk for conflict (Cowan and Cowan 2000). Home visiting for high-risk families and health visitors for the general population have been found to have important preventative qualities (Olds *et al.* 2004). In addition, educating parents to make them aware that even newborn children can pick up on the tone of conversation and respond negatively to aggressive interactions can alter parent behaviour (see Hughes 1988). Assisting couples transitioning into parenthood via support and guidance alongside training on effective communication and conflict resolution are also thought to stand a good chance of addressing the cause of much family discord (see, for example, Cowan and Cowan 1988).

Parenting programmes are increasing in popularity in many Western developed countries, for example interventions such as the Triple-P, Positive Parenting Programme (Sanders *et al.* 2003) are aimed at reducing children's psychosocial difficulty through enhancing the knowledge and skills of parents. While not targeted directly at family aggression or violence, one aspect of Triple-P, and programmes like it, is the better handling of conflict in inter-personal relationships. The programme shows parents how to model appropriate reasoning and negotiation skills for children during their conflict exchanges.

Other programmes are aimed at helping couples to better relate to one another. The Prevention and Relationship Enhancement Program (also

called PREP; Markman 1981), for example, helps couples to reduce conflict by teaching them effective ways of communicating and problem solving and providing them with skills for avoiding discord and preventing it from escalating out of control. The number and take-up of such marriage or relationship programs is increasing, however, there is little to no evaluation of their impact on children's development (Turner and Dadds 2001).

Other programmes help children by building on resiliency and enabling them to cope with stressful life events, such as family discord. For example, the 'I CAN DO Program' (Dubrow *et al.* 1993) and Resourceful Adolescent Program (Shochet *et al.* 1998) seek to enhance children's general coping and problem solving skills, teach children how to make sense of other people's perspectives, and highlight the importance of seeking out social support networks. The Fourth-R programme, so-called to signal the centrality of Relationships alongside Reading, wRiting and aRithmetic, was developed by Wolfe and colleagues in Canada. It works with young people to build healthy relationships and improve decision-making and, in doing so, seeks to tackle conflict-related problems such as bullying, dating violence, and peer violence (see <http://www.thefourthr.ca>).

Many of these programmes are located within schools, which, while sensible in its approach, has the effect of excluding pre-school children in their target audience, a key period for the development of self-regulation. Many proven models are thus limited by their ability to get to people who need help at an appropriate moment in time. Most disputes are kept within the family as a private or 'internal' matter. Services typically get involved at the point of divorce or where violence between adults or between adults and children becomes a criminal offence or so serious that a child is harmed.

Intervening To Alter The Context

As well as targeting conflict resolution, family relations or the child's adaptation to stress within the family, this study urges attention be paid to the neighbourhood, community and societal contexts that moderate risks within the home. For example, children in poorer households, say where the main breadwinner is unemployed, fare worse in situations of family conflict (see Chapter Eight). Welfare reform, policies that urge parents back into employment or social security policies that reduce stress in the family (see Klevens and Whitaker 2007) have the potential, therefore, to reduce conflict or the use of aggression to resolve it.

Such policies may also act as a buffer for those children who continue to be exposed to aggressive conflict resolution, for example, by giving them resources to access other support networks through social clubs, sports and other extracurricular activities where healthy relationships can be modelled. These programmes can, however, produce unintended consequences such as when employment promotion results in a lack of supervision of children (Fein and Lee 2003).

Peer support and community violence were both found to have moderating effects on children's adjustment in the context of conflict (see Chapter Eight). Children who are frequently bullied or singled-out in school are particularly at risk (Olweus 1993). Children's peer networks are known to have potential protective properties in relation to the impact of a number of risks (e.g. Wasserstein and La Greca 1996; Cummings and Davies 2002; David and Murphy 2007).

There are many programmes offering support in this area. They include buddy or mentoring schemes, such as *Big Brothers Big Sisters* that appear to reduce children's vulnerability to difficult circumstances (Tierney *et al.* 1995). There are programmes such as PATHS (Greenberg *et al.* 1995) that boost children's social and emotional self-regulation and give them skills to respond appropriately to conflict. There are many school-

based interventions, such as the *Olweus Bullying Prevention Programme* (Olweus 2004), that seek to reduce aggression in schools. These are interventions, like those based on Sampson and Earls' theory of collective efficacy (see Sampson *et al.* 1997) that help young people to become role models in their communities. There is an emerging technology that aims to break down gang membership in high violence communities.

Carer depression was found to contribute to the spill-over between IPCx and P-CCx (see Chapter Eight). Depressed parents are less likely to be emotionally available to a distressed or upset child trying to make sense of their parents' discord and violence. The relationship between carer depression and poor parenting has also been shown elsewhere (Walker 1984; Holden and Ritchie 1991). Similarly, other studies have shown that the mothers of 'resilient children' exposed to domestic violence had lower depression scores compared to distressed children (Hughes *et al.* 2001). There are many models, including assessment, pharmaceutical, CBT and psychotherapeutic, which have the potential to alleviate depression (Harrington 2002). It is also evident that alterations to housing, family income, and employment policies could do much to reduce the risk of parent depression.

Programmes in the Context of Divorce and Mediation

The process of divorce is known to heighten the risk of conflict, poor conflict resolution and poor adjustment in children. It is also a significant risk factor for severe abuse (National Crime Council 2005). The *Children of Divorce Intervention Program* (CODIP; Barber 1995) and the *Divorce Adjustment Program* (Stolberg and Mahler 1994) are two post-divorce programmes that work on children's cognitive-behaviour skills, which are important for conflict resolution as well as the management of emotions and anger. Limited evaluations of these programmes suggest that these kinds of interventions may be effective in reducing children's anxiety and adjustment difficulties (Turner and Dadds 2001).

Mediation to resolve conflict and reduce the risk of violent interchange is also relevant to the needs of children in this study. Many mediation programmes are school-based (Turner and Dadds 2001). With some exceptions, few have been evaluated to an acceptable standard (Grych and Fincham 1992). They are typically designed around children's experience of divorce and few programmes deal with children's own relationship with their parents.

The Penn Prevention Program (Jaycox *et al.* 1994) is a school-based program for children showing depressive adjustment difficulties when their parents are failing to resolve conflict. The programme provides cognitive-behavioural training for children alongside social problem-solving and coping skills.

Conclusions

This chapter has reviewed the ways in which children's services might differently conceptualise and respond to family conflict. The study's findings have acted as the basis for recommendations. An argument has been made for thinking more broadly about aggression and violence in families, and for making distinctions between aggression that is conflict-related and that which is pathological. These distinctions make significant differences to the ways children's services respond to the needs of children and families.

There is potential for development in all parts of children's services, from primary prevention to treatment. Universal services delivered to the whole population, regardless of differential risk, have been shown to have the potential to prevent problems of poor family conflict resolution from occurring, and to enhance the health of children and build resiliency among those who are exposed (Turner and Dadds 2001). Early intervention or targeted services can be divided into two types (see Caplan 1964; Gordon 1987). *Selective* services are targeted at populations or groups who are at high risk for a problem but who do not yet present with

any difficulty. *Indicated* interventions are aimed at intervening with those who show early signs of difficulty, in order to prevent the problem becoming worse.[4]

The location of services for children that suffer as a result of poor family conflict resolution is difficult. For example, group counselling – largely unevaluated – is the most widely suggested form of intervention for children exposed to domestic violence (Jaffe *et al.* 1986). Too often, however, the intervention is provided in shelters or refuges or through child protection agencies or mental health services, creating the potential to undermine any benefits (Turner and Dadds 2001).

It has been argued that there could be a greater use of public health style models that raise awareness of the effects of family aggression and violence, and encourage more reflective resolution practices. There is also a role for programmes that give parents and children skills to better relate to one another. This is particularly the case with new partners and new parents, since healthy communication and conflict resolution at this stage will endure. Changing cultural or societal attitudes to aggression and violence by promoting equality and assisting disadvantaged families with practical concerns such as housing, finances and child-care are also advocated.

The chapter has given much stress to models proven by rigorous evaluation to have an impact on child outcomes. The relative value of these approaches are now accessible through systematic reviews brought together by the Campbell and Cochrane Collaborations and databases such as the *Blueprints for Violence Prevention* project. This database set strict thresholds for the quality of evaluations required for a programme to be labelled as 'effective' (see <http://www.colorado.edu/cspv/blueprints>).

[4] Little and Mount (1999) also distinguish social prevention, which is aimed at reducing the risk to others in society. For example, there are now widespread education and awareness campaigns aimed at preventing the spread of HIV.

To be effective, policies and programmes need to be developmentally appropriate. The study has shown that children respond differently to the same risk at different developmental stages. This reflects the particular development tasks that children are mastering, their changing cognitive ability and their processing of experiences. One-size-fit-all approaches to interventions are therefore unlikely to be successful (Graham-Bermann 2001). A service aimed at conflict resolution and behavioural regulation for toddlers and pre-school children might therefore look different from one targeted at adolescents.

Many of the programmes included in the Cochrane and Campbell reviews and placed onto the Blueprints database come from North America. There are challenges in implementing these programmes in Europe, although several studies, for example the implementation of the Incredible Years programme in Wales (Hutchings *et al.* 2004) have demonstrated that success is possible.

Consideration has been given to how alterations to the contexts of family, neighbourhood, school and society might alter the use of poor family conflict resolution and children's responses. Taxation, urban planning, housing policies, places and organisations that promote community cohesion as well as anti-bullying and gang strategies, and building social and emotional regulation capacities are seldom bracketed together with children's services to reduce discord, child abuse and domestic violence. They should be.

There is abundant evidence from geography and criminology about how changing aspects of the community context, shown in this study to be harmful in the context of poor family conflict resolution, leads to better child outcomes. For example reducing community crime and anti-social behaviour, creating outdoors space for children to play and encouraging social networks to blossom (Barnes 2007) are all relevant to reducing the effects of poor conflict resolution, child protection and domestic violence. Incorporating an understanding of context and its effect on children's

adjustment into service provision means thinking about interventions that change the context itself.

What would be counted as a good outcome for children exposed to enduring or severe aggression in their family? It might not be *cessation* of aggression altogether. A *reduction* in the severity or frequency of aggression might be more realistic. Feld and Straus (1989) showed that where both partners are physically aggressive, the behaviour of one partner is largely dependent on the behaviour of the other. Getting one partner to stop hitting could be a realistic objective and may result in the other not hitting too.

Finally, if there is to be innovation there is also a strong need for rigorous evaluation. This should extend to both new and existing programmes (Axford *et al.* 2006; Berry and Axford 2005). As MacDonald (2000) points out, the volatile nature of social constructions impacts on the shape of social care provision; there are few proven 'family-based' models for dealing with conflict and violence, and emergency provision is largely restricted to women.

CHAPTER ELEVEN: CONCLUSIONS

"The combination of causes of phenomena is beyond the grasp of the human intellect. But the impulse to seek causes is innate in the soul of man. And the human intellect with no inkling of the immense variety and complexity of circumstances conditioning a phenomenon, any one of which may be separately conceived as the cause of it, snatches at the first and the most easily understood approximation and says here is the cause."

(Tolstoy, War and Peace, 1865-69).

Tolstoy's caution of the complexity of the social condition is as relevant today as it was in the 19th century, perhaps more so. It was possible, 30 years ago, to become an expert on a topic as broad as foster care by reading a handful of books on the subject (personal communication, Professor Roy Parker). Today, the evidence base on risks to children's lives and intervention to address impairments is so great as to overwhelm rather than assist children's services professionals seeking to make informed decisions about where to allocate resources or focus provision.

Despite the wealth of research, little is known about how many social risks operate in children's lives or the mechanisms by which they result in poor outcomes. It seems that researchers, policy-makers and practitioners alike are all guilty of seizing on the most obvious account of a problem, or one that fits with the status quo, simply to meet the need for an explanation. While single-factor models are rarely, if ever, useful for understanding social phenomenon they persist in much research, service and policy design for children and families (Luthar 1993; Black 1991).

It seems a logical argument then that more must be done to unpack and understand the complex and multiple pathways that lead to poor outcomes for children. Concerted efforts to integrate evidence, for example through

systematic reviews, and act upon the information collected with well designed interventions that are rigorously evaluated will help. As was outlined in the previous chapter, a good start has been made with initiatives like the Campbell and Cochrane Collaborations but there remains much to do.

This study started with orthodox research questions borne out of a commitment to understanding the needs of children and families, and to informing the design of services and interventions to meet these needs. The study had three aims. It sought to add to the existing knowledge base on the nature and impact of family conflict and provide an original contribution by examining the differential impact on child well-being of both non-aggressive and aggressive conflict resolution tactics in the parental and the parent-child relationship. Second, the study aimed to explore the role of the context of the individual, family, neighbourhood and society in moderating children's responses to poor conflict resolution within the home. The final aim was to explore the implications of these findings for children's services policy and practice.

The study has reviewed and synthesised what is known about the risk of aggressive family conflict resolution strategies to child well-being, as well as what is known about how the wider context may alter the relationship between this risk and poor adjustment. It has been apparent that, while there has been a burgeoning of interest in the field in the last three decades, there continues to be ambiguity, debate and confusion over definitions, measurement and thresholds for the central concepts. The present study has made a small contribution to the knowledge base by attempting to relate concepts to one another.

Messages From The Research

The use of psychological or physical aggression to resolve conflict in family relationships is more prevalent than is often assumed. It is much higher than data derived from service populations, which deal with the tip

of the iceberg of child maltreatment and domestic violence problems. The idea of a ‘normal’ family, where reasoning and negotiation predominate is ill founded. Families have many ways of dealing with conflicts within the home, not all of them ‘textbook’. It is more common for children to experience a mixture of psychological and physical aggression in *both* family relationships than it is to experience reasoning tactics only or aggression.

Despite patterns of association between exposure to family conflict resolution strategies and children's outcomes, there is considerable variation in children's responses to these experiences. While the risk for emotional and behavioural difficulties in the child is greatly elevated by witnessing or experiencing violence at home, most do not succumb. Only a minority of children experiencing negative conflict resolution tactics meet the threshold or criteria required for the diagnosis of a disorder.

The reasons for this variation have previously been little explored or understood. While a stream of research is now devoted to understanding the mechanisms by which exposure to aggression is translated into impairments to health and development, few studies have examined the moderating influence of children's responses to conflict resolution. This investigation showed that the properties of the conflict exchange bear directly on how children react to aggression and violence. Some reactions reduce the odds of poor outcomes; other reactions significantly increase the likelihood of children displaying adjustment difficulty. There is still much to discover about the way children react to non-violent tactics and minor aggression. The chronicity of poor family conflict resolution also requires further investigation.

The family process and quality of family relationships play a critical role in translating aggression in the family into poor health and development outcomes for the child. A hostile inter-parental relationship is a risk for parental depression and increases the use of harsh parenting or aggressive conflict resolution in the parent-child relationship. Models that

account for factors affecting parenting quality, e.g. substance misuse and poor mental health, explain considerably more variance in children's outcomes than conflict alone.

The study suggests that the structural qualities of family-life, such as low socio-economic status, housing stress, family type and size are implicated in the transmission of poor family conflict resolution only inasmuch as they increase the likelihood of tension between family members and create opportunities for disagreement. Gender and developmental stage also explain only a small amount of the variance in outcomes for children experiencing aggressive conflict exchanges.

Wider contextual features play their role. Children's peer relationships make a significant difference to the way they interpret and respond to aggressive conflict at home. In addition, it seems likely that aggressive or violent exchanges in the community, say between neighbours or between gangs de-sensitise children to conflict exchanges at home and promote the use of aggressive tactics as a normal and appropriate means for resolving disputes.

Less can be said about the role of wider societal or cultural factors in moderating children's responses to poor family conflict resolution. It can be said with reasonable confidence that a society's attitude towards the use of aggression and violence to resolve conflict will influence its use within families in that society as well as children’s responses. The extent to which these conditions operate directly, to affect children, or via local community and family processes is still largely unknown.

Messages For Policy And Practice

The study has relevance to the management of domestic violence and child maltreatment. A large number of children are exposed to aggression and violence at home. Their experience is the result of poorly managed conflict and not the pathological behaviour of individual family members.

Children's services focus on a small proportion of children experiencing aggression at home. Their focus is on those who have qualitatively different experiences of conflict exchanges. The aggression and violence is at the extreme end of the continuum. It takes place in the context of relationships that are low in warmth and high in criticism. The impact on children's health and development is potentially greater. Most of the children live in families with extremely low socio-economic status.

What kind of policies and programmes would be put in place on the basis of evidence from this and similar studies? First, there would be scope for public health prevention approaches that help all families, however they bring up their children and whatever their economic status or social class. These would be aimed at getting families to recognise that conflict is a normal part of life and that reasoning and negotiation is the best way to resolve it.

Second, more could be done at a public health level, through schools for example, to help children to learn how to respond to aggression and violence so that it does not undermine their own health and development.

Third, putting to one side those instances of violence and maltreatment that are due to a parent's pathological behaviour, interventions for children referred to agencies because of aggression in the home might look to problems in resolving conflict or to the conflict themselves, as both the cause and potential solution. Looking for someone to blame makes little sense, nor does offering a service for only poor families.

Fourth, more attention could be given to the broader context in which a child is raised, for example by looking at different responses for boys and girls, helping to boost warmth and reduce criticism in families, making neighbourhoods more cohesive and safer and by reducing inequalities in wealth.

Fifth, more could be made of interventions designed around what is known about family processes, such as the *Incredible Year's* Programme (Gardener *et al.* 2006) that builds on Jerry Patterson's themes about coercive family processes.

Sixth, better screening and assessment could direct children's services towards children that experience and succumb to the risk of IPCx and P-CCx. Aggression at home should never be condoned but nor should it be assumed that it is always damaging to children's health and development.

Seventh, taking a developmental approach so that interventions reflect the typical responses to aggressive family conflict resolution of pre-schoolers, primary school and secondary school aged children would likely reap a greater reward in terms of well-being.

Eighth, using multi-disciplinary groups of professionals that understand the cause of the problem, aggressive responses to conflict, and the effects in the form of emotional and behavioural problems it is possible to find effective ways of intervening with both. This would probably achieve more than relying on professionals whose expertise are managing state involvement in family life.

There is a known deterioration in the behavioural and emotional health of UK children in the last quarter century (Collishaw *et al.* 2005). The well-being of children in the UK is known to lag behind that of other rich countries. Changes in policy and practice just described have the potential to improve the behaviour and emotions of the typical child and reduce conduct disorders and depression by a considerable amount.

Contributions of this Study

Conceptual clarity

This study has made five contributions to the field. First, it has sought to distinguish and connect, theoretically and empirically, the concepts of conflict and violence. There has been, and continues to be, considerable confusion and ambiguity around what is meant by 'violent families'. Insufficient attention has been paid to children experiencing minor and 'common' forms of physical and psychological aggression. Too often, families with members who hit each other once in a moment of stress are grouped together with families in which aggression is routine, and both are given the label 'violent'.

Chapter Ten set out two Venn diagrams (Diagrams 6 and 7) to represent the possible overlap and distinction between family conflict and the children's services constructs of domestic violence and child maltreatment. The diagrams show not only the qualitative and quantitative differences between the concepts but also the common ground. Some children and families captured by definitions of domestic violence and child maltreatment may be best served by interventions for family conflict.

It is possible that certain aspects of child maltreatment, for example sexual abuse and neglect, do not belong in this framework. It is possible that a family conflict approach to child maltreatment is useful only with respect to emotional and physical abuse. Minuchin (1992) explains how *conflict avoidance* can be thought of as useful in the context of child neglect cases. She suggests that parents, particularly those who are 'angry, impotent… facing difficult life conditions and a pileup of stress' (1992, p.385), may seek to avoid conflict between themselves and their children by withdrawing from the relationship. This is only one theory, however. Better conceptual clarity aligned with epidemiological and longitudinal studies will help clarify these questions.

Prevalence

The study has established the point prevalence of poor family conflict resolution including violence in Dublin, a city that is reasonably indicative of the situation in other European cities. The prevalence of inter-parental conflict and parent-child conflict is well established in the US but not in the UK or the Republic of Ireland. Most importantly, the study provides estimates for the constellations of family conflict that exist, for example, when IPCx and P-CCx overlap.

About a fifth (18%) of children are exposed to physical violence between their parents over a 12 month period; three fifths (61%) experience physical violence from their parents in the same time span. Lifetime prevalence rates will be higher (Rossman *et al.* 1999). Prevalence rates are critical to policy-makers and service planners. Without accurate information about the number and characteristics of people likely to be affected it is difficult to develop cost-effective, targeted interventions (Jouriles *et al.* 2001b).[1]

The Impact of IPCx and P-CCx

A third contribution of this study has been to go beyond descriptive analyses of most community-level surveys to examining the impact of poor family conflict resolution on the health and development of children. It has done this for *different* groups of children; those exposed to aggressive IPC only; those who experienced aggressive P-CC only; those that had experienced both IPCx and P-CCx; and a comparison group who had not experienced any aggressive conflict in the past year.[2] Only a handful of

[1] The Republic of Ireland, however, do not currently publish data on violent assault that distinguishes the relationship of the perpetrator to the victim (Irish ONS, Headline Offences 2006). While there are plans for this data to be complied in the future (personal communication, Irish ONS, 3rd April 2007), the latest figures available for aggression between intimate partners are provided by the National Crime Council study of domestic violence published in 2005. While the study provides important information about the prevalence of domestic violence, it does not provide data with the child as the unit of analysis.

[2] In some analyses, IPC-only and P-CC only were collapsed to form a single-relationship aggression group.

other studies have managed such comparisons (see Sternberg *et al.* 2005)

Most studies trying to undertake such analyses have relied upon clinical samples such as children known to child protection agencies or living in domestic violence shelters. Their goal was to know whether domestic violence is a significant correlate of child maltreatment. This study advances knowledge by taking a look at family conflict and violence in ordinary families and communities. It is focussed on all children and not only those known to children's services or living in emergency accommodation.

The study is also unusual in that it has gathered young people's reports of aggression in the home as well as their perspectives on their own well-being. This is not common feature of research methodology in this field although it is increasingly being realised that children and young people offer a qualitatively and, at times, substantially different view to that of parents and adults (Harold and Howarth 2004).

Contextual moderators

The study has extended thinking about ecological theory and its relevance to understanding family processes. Previously, the ecological perspective has typically been restricted to theoretical discussions (e.g. Zielinksi and Bradshaw 2006) or to an understanding of the predictors of risks (e.g. Tajima 2004; Cichetti and Toth 1995). This study has used the ecological approach to show the way in which the individual, family, neighbourhood and societal contexts moderate the risk of poor family conflict resolution to children's emotional and behavioural well-being.

Policy and practice

The study is different to most similar efforts in the field of family conflict by its interest in the relevance of the findings for policy and practice. Data were collected on the services children and family received, and were

used to suggest the kinds of services children and families may receive in the future.

Evaluating the Study

While it seems reasonable to make claims about the significant contributions of the research, it is important to acknowledge its limitations. It was not possible to achieve the 'ideal' design for the study. Compromises were made.

Cross-sectional data

A first limitation is the cross-sectional nature of the data. Although the Dublin-wide survey (see Appendix B) from which the data are drawn was designed to be a longitudinal study thus enabling causal pathway analysis, only one wave of data was available for the Ph.D. Findings are therefore based on data gathered from children and families at one point in time. The ramifications of this are that while many of the hypotheses tested here are predictive in nature, the conclusions drawn can only ever be associative. For example, while the results suggest that aggressive IPC and P-CC have deleterious consequences for children's behavioural adjustment, the study has not taken into account pre-existing behavioural symptoms that could exacerbate the effects of the aggressive conflict or precipitate the use of aggressive strategies in the parent-child relationship.

Age range

A second limitation of the study concerns the developmental stage studied. While the larger survey design captured all children in each household aged between zero and 17 years, it was only possible to gather data on *all* measures for children aged between three and 12 years. The study is therefore strong on how pre-school and primary school children respond to situations of aggressive and violent conflict at home, but says much less about the impact of these experiences on adolescents. Given that adolescence is a high-risk period for conflict between parents and children (Acock and Demo 1999) this gap is significant. It is possible that

the inclusion of these data would have made more salient the role of developmental stage as a moderator (see Chapter Eight).

Diversity

A third limitation of the data concerns the cultural, ethnic and religious homogeneity of the sample. Nearly all (96%) of the sample classed themselves as Irish-Roman Catholic. While no strong empirical support has been found elsewhere for ethnicity as a moderator of family conflict and violence, it has been postulated that children from minority groups are more likely to be buffered from the harmful effects of conflict and violence due to extended family networks. More research is needed to directly test the hypothesis that the adverse effects of conflict may be attenuated in ethnic minority children (McLoyd *et al.* 2001).

The study had to rely on a main respondent in the home and in nearly all (96%) of cases that respondent was the child's mother (data were also collected from children). Parents' gender may be an important moderating factor in children's adjustment to aggressive conflict, in so far as mothers and fathers may respond differently to family tensions (Davies and Lindsay 2001). In addition, boys and girls may respond differently depending on the quality of the relationship with each parent, which parent they identify with and the aggressive strategies adopted. While it would be possible to extrapolate figures for the use of aggressive strategies by men compared to women the data are inherently biased. Similarly, the data gathered for parent-child conflict strategies does not distinguish the two genders in the parent dyad – it simply asks whether either one or both parents have responded in particular ways to conflict with the child.

Conflict properties

A fourth limitation of the study concerns the nature of the aggressive conflict measured. It has been mentioned previously that numerous studies have pointed to the importance of measuring not only the nature of the conflict but also its frequency and chronicity. This study distinguished between psychological and physical aggression. It was also able to

measure the frequency of the conflict but not its chronicity. The study is only able to reflect on the potential impact of children affected in 'the past year'.

Other moderators

A final limitation is the omission of variables that might have moderated children's experiences of conflict at home. The gender of the parent was not distinguished in the present study. The parents' own histories of maltreatment or aggression were omitted. There was no data on the child's temperament to mention just three potentially important variables.

Moving Forward

This study represents only a small stepping-stone to understanding the role of individual, family, neighbourhood, school and societal contexts in children's responses to risk. For example, there is considerable scope to explore how children's transition to school exacerbates or ameliorates the risk of poor family conflict resolution. The same might be said of other potential moderators such as temperament, father's engagement, collective efficacy and societal attitudes towards children's rights.

More thought is needed regarding the concepts of conflict and violence. The lack of common constructs hampers research, policy and practice. More research is needed into whether the mechanisms that translate domestic violence and child abuse into poor emotional and behavioural outcomes for children are the same as those for inter-parental and parent-child aggressive conflict resolution. Do similar mediators such as emotional insecurity and cognitive appraisals of threat and blame and moderators like low socio-economic status and poor peer relationships work in the same way for these constructs?

A further line of enquiry concerns the longitudinal nature of these phenomena. How do conflict and the strategies adopted to resolve it develop over time? How are these conflicts altered by children changing

developmental status or family relationships? How do conflicts in different family relationships relate to each other over time? Most models assume that aggressive inter-parental conflict precedes conflict in the parent-child relationship. It is quite plausible that ongoing disputes between parents and children may lead to tension in the parental relationship.

More work is also needed around the measurement of conflict and violence. The most predominantly used measure in the field – the Conflict Tactics Scales (Straus 1979) – has been consistently criticised for its focus on conflict-related violence and the fact that it does not gather data on 'malicious' or expressive violence. Straus (2007) argues that, despite frequent reference to this limitation, there is little to no evidence to assume that there is a qualitative difference between these constructs. Where qualitative information has been collected alongside the CTS, the instrument is sensitive to malicious events. The CTS was revised in the late 1990s to include a measure of sexual coercion and injury (CTS2; Straus *et al.* 1996). It is also possible that the constructs of child abuse and domestic violence require separate measurement instruments suited to their specific characteristics, distinguishing, for example the motivation and precipitators behind the aggression.

This study was not innovative in its selection of outcome measures. The focus remained on emotional and behavioural adjustment problems. While these are important aspects of children's psychosocial functioning, future research should extend to co-morbid symptoms such as educational difficulty, social competence and predictors of problems in intimate relationships. There is also an onus on future studies to examine outcome indicators as mediators in the development of difficulty in each other. For example, Harold *et al.* (2004) have looked at the link between behavioural problems and educational difficulties, in the context of inter-parental conflict.

More could be done to identify the direct and indirect effects of contexts beyond the immediate family environment such as community groups,

schooling and neighbourhood. Better understanding the connection between these contexts and interventions that promote children's resilience in the face of difficulties at home is also advocated. The complexity of this work – in particular disentangling situations of simultaneous moderation and mediation (see Zielinski and Bradshaw 2006) mean that there will be a need for more sophisticated methods for testing hypotheses including Hierarchical Linear Modelling and Structural Equation Modelling.

A Final Word

It could be argued that the study was too ambitious and that depth of understanding was sacrificed for breadth. Researchers are coming to realise that the social environment and the individuals within it are complex and multiply influenced. But this is something that practitioners meet on a day-to-day basis. It may be easier to opt for more discreet areas of study but to do so creates a problem with applying results to the real world. If practitioners are to act in ways helpful to meeting the needs of children and families, they must be properly informed.

An approach that puts child development at its heart; that uses good measures and normative samples to identify causal mechanics; and that tests and learns from innovation in policy and practice has a reasonable chance of improving child outcomes. The shift in emphasis is perhaps best illustrated in a conversation recounted by Bronfenbrenner in which Leontiev claimed that society should be seeking to understand not only 'how the child came to be what he is… but how he can become what he not yet is' (1979: 40).

REFERENCES

Aber, J.L. 1994, Poverty, violence and child development: untangling family and community level effects, in C.A. Nelson (ed.) *Minnesota Symposium on Child Psychology, Vol. 27. Threats to Optimum Development: Integrating Biological, Psychological and Social Risk Factors*, Erlbaum, Hillsdale, N.J., pp. 229-272.

Achenbach, T.M. 1991, *Manual for the Child Behaviour Checklist and 1991 Profiles*, University of Vermont, Department of Psychiatry Burlington, VT.

Acock, A.C. and Demo, D.H. 1999, Dimensions of family conflict and their influence on child and adolescent adjustment, *Sociological Inquiry, 69(4)*, 641-658.

Adams, B.N. 1965, Coercion and consensus theories: some unresolved issues, *American Journal of Sociology, 71*, 714-716.

Ainsworth, M.D.S., Bell, S. M., and Stayton, D. 1974, Infant-mother attachment and social development, in M.P. Richards (ed.) *The Introduction of the Child into a Social World*, Cambridge University Press, Cambridge, pp. 99-135.

Amato, P.R. and Booth, A. 1991, Consequences of parental divorce and marital unhappiness for adult well-being, *Social Forces, 69*, 895-914.

Amato P.R. and Booth A. 1997, *A Generation at Risk: Growing Up in an Era of Family Upheaval*, Harvard University Press, Cambridge, MA.

Amato, P.R. and Keith, B. 1991, Consequences of parental divorce for children's well-being: A meta-analysis, *Psychological Bulletin, 110*, 26-46.

American Psychiatric Association, 1994, *DSM-IV: Diagnostic and Statistical Manual of Mental Disorders* (*4th edn.),* American Psychiatric Publishing, Arlington VA.

Anderson, C. A. and Bushman, B. J. 2001, Effects of violent games on aggressive behavior, aggressive cognition, aggressive affect, physiological arousal, and prosocial behavior: A meta-analytic review of the scientific literature, *Psychological Science, 12,* 353-359.

Angold, A. 1999, Comorbidity, *Journal of Child Psychology and Psychiatry*, *40*, 57-87.

Angold, A. Costello, E.J., Burns, B.J., Erkanli, A., and Farmer, E.M.Z. 1999, Impaired but undiagnosed, *Journal of the American Academy of Child and Adolescent Psychiatry*, *38*, 129-137.

Anning, A. and the National Evaluation of Sure Start 2007, *Understanding Variations in Effectiveness amongst Sure Start Local Programmes: Lessons for Sure Start Children's Centres, National Evaluation Summary*, DFES Publications, Nottingham.

Appel, A.E. and Holden, G.W. 1998, The co-occurrence of spouse and physical child abuse: a review and appraisal, *Journal of Family Psychology, 12*, 578-599.

Axford, N., Berry, V. and Little, M. 2006, Enhancing service evaluability: lessons from a programme for disaffected young people, *Children and Society*, *20(4)*, 287-298.

Axford, N., Berry, V., Little, M. and Morpeth, L (eds) 2005, *Forty Years of Research, Policy and Practice in Children's Services*, Wiley and Son, Chichester.

Axford, N., Little, M. and Morpeth, L. 2003, Children's services in the UK 1997-2003: problems, developments and challenges for the future, *Children and Society*, *17*, 205-214.

Axford, N., Little, M., Morpeth, L. and Weyts, A. 2003, *Evaluating Best Practice with Children and Families: A Practitioners' Primer*, Warren House Press, Dartington.

Bandura, A. 1977, *Social Learning Theory*, General Learning Press, New York.

Bandura, A. (ed.) 1995, *Self-efficacy in Changing Societies,* Cambridge University Press, New York.

Barber, B. 1995, Preventive intervention with adolescents and divorced mothers: A conceptual framework for program design and evaluation, *Journal of Applied Developmental Psychology*, *16(4)*, 481-503.

Barlow, J., Simkiss, D. Stewart-Brown, S. 2006, Interventions to prevent or ameliorate child physical abuse and neglect: findings from a systematic review of reviews, *Journal of Children's Services, 1(3)*, 6-28.

Barnes, J., Katz, I., Korbin, J. and O'Brien, M. 2006, *Children and Families in Communities: Theory, Research, Policy and Practice*, John Wiley, Chichester.

Barnes, J. 2007, *Down Our Way: The Relevance of Neighbourhoods for Parenting and Child Development*, John Wiley, Chichester.

Barnett, D., Manley, J. T. and Cicchetti, D. 1993, Defining child maltreatment: the interface between policy and research, in D. Cicchetti and S. L. Toth (eds), *Advances in Applied Developmental Psychology: Vol. 8. Child Abuse, Child Development, and Social Policy*, Ablex, Norwood, NJ.

Baron, R.M. and Kenny, D.A. 1986, The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations, *Journal of Personality and Social Psychology, 51*, 1173-1182.

Baumrind, D. 1966, Effects of authoritative parental control on child behavior, *Child Development, 37(4),* 887-907.

Baumrind, D. 1967, Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs, 75(1),* 43-88.

Baumrind, D. 1991, The influence of parenting style on adolescent competence and substance use, *Journal Of Early Adolescence, 11(1),* 56-95.

Baumrind, D. 1995, *Child Maltreatment and Optimal Caregiving in Social Contexts*, Garland Publishing, New York.

Baumrind, D. 1996, A blanket injunction against disciplinary use of spanking is not warranted by the data, *Pediatrics, 98(4)*, 828-831.

Baumrind, D., and Thompson, R.A 2002, The ethics of parenting, in M. Bornstein (ed.), *Handbook of Parenting: Vol. 5. Practical Issues in Parenting* (2nd ed.), Lawrence Erlbaum, Mahway, NJ, pp. 2-24.

Becker A., Hagenberg, N., Roessner, V., Woerner, W. and Rothenberger A. 2004, Evaluation of the self-reported SDQ in a clinical setting: Do self-reports tell us more than ratings by adult informants? *European Child & Adolescent Psychiatry, 13 (2),* 17-24.

Behl, L.E., Conyngham, H.A. and May, P.F. 2003, Trends in child maltreatment literature, *Child Abuse & Neglect, 27*, 215-229.

Bell, C.C., and Jenkins, E.J. 1993, Community violence and children on Chicago's southside, *Psychiatry, 56*, 46-54.

Belsky, J. 1980, Child maltreatment: an ecological integration, *American Psychologist, 35*, 320-335.

Belsky, J. 1981, Early human experience: a family perspective, *Developmental Psychology*, *17*, 3-23.

Belsky, J. 1993, Etiology of child maltreatment: a developmental-ecological analysis, *Psychological Bulletin, 114 (3),* 413-434.

Belsky, J. and Stratton, P. 2002, An ecological analysis of the etiology of child maltreatment, in K. Browne, H. Hanks, P. Stratton and C. Hamilton (eds) *Early Prediction and Prevention of Child Abuse: A Handbook*, John Wiley and Sons, London, pp. 95-110.

Belsky, J., Crnic, K., and Gable, S. 1995, Determinants of coparenting in families with toddler boys: spousal differences and daily hassles, *Child Development, 66*, 629-642.

Belsky, J., Youngblade, L., Rovine, M., and Volling, B. 1991, Patterns of marital change and parent-child interaction, *Journal of Marriage and the Family*, *53*, 487-498.

Berkowitz, L 1989, Frustration-aggression hypothesis: examination and reformulation, *Psychological Bulletin*, *106*, 59-73.

Berlin, L., Cassidy, J., and Belsky, J. 1995, Infant-mother attachment and later loneliness in young children, *Merrill-Palmer Quarterly, 41*, 91-103.

Bernard, S.H. 2002, Services for children and adolescents with severe learning difficulties (mental retardation), in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th Edition)*, Blackwell Science, Oxford, pp. 1114-1127.

Berry, V. 2005, *Ethical Considerations in Conducting Family Violence Research with Children and Families: A Case Study*, Unpublished paper, Dartington Social Research Unit, Dartington.

Bolger, K., Thomas, M., and Eckenrode, J. 1997, Disturbances in relationships: parenting, family development and child-maltreatment, in J. Garbarino and J. Eckenrode (eds) *Understanding Abusive Families: An Ecological Approach to Theory and Practice*, Jossey-Bass, San Francisco, pp. 86-98.

Boney-McCoy, S. and Finkelor, D., 1995, Psychological sequelae of violent victimization in a national youth sample, *Journal of Consulting Clinical Psychology*, *63*, 726-736.

Borrine M. L, Handal P.J, Brown, N.Y., and Searight H.R. 1991, Family conflict and adolescent adjustment in intact, divorced and blended families, *Journal of Consulting and Clinical Psychology*, *59*, 753-755.

Bowker, L.H., Arbitell M., and McFerron, J.R. 1988, On the relationship between wife beating and child abuse, in K. Yllo and M. Bograd (eds) *Feminist Perspectives on Wife Abuse*, Sage Publications, Newbury Park, California, pp. 158-74.

Bowlby, J. 1969, *Attachment and Loss: Vol. 1 Attachment*, Basic Books, New York.

Bowlby, J, 1973, *Attachment and Loss: Vol. 2 Separation*, Basic Books, New York.

Bowlby, J. 1980, *Attachment and Loss: Vol. 3 Loss*, Basic Books, New York.

Brent, D.A., Gaynor, S.T. and Weersing, V.R. 2002, Cognitive-behavioural approaches to the treatment of depression and anxiety, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th Edition)*, Blackwell Science, Oxford, pp. 921-937.

British Crime Survey, 2004/5 available at http://www.data-archive.ac.uk/findingData/snDescription.asp?sn=5347 [Accessed 1st October, 2008).

Bronfenbrenner, U. 1979, *The Ecology of Human Development*, Harvard University Press, Cambridge, MA.

Browne, K.D. 1995, The prediction of child maltreatment, in P. Reder (ed.), *The Assessment of Parenting*, Routledge, London, pp.118-135.

Browne, K. 2002a, Child abuse: defining, understanding and intervening, in K. Wilson and A. James (eds) *The Child Protection Handbook (2nd Edition)*, Bailliere Tindall, Edinburgh, pp. 50-70.

Browne, K.D. 2002b. Child protection, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th Edition)*, Blackwell Science, Oxford, pp. 1158-1174.

Browne, K.D. and Hamilton, C.E. 2002, Prevention: current and future trends, in M.J. Bannon and Y.H. Carter (eds) *Protecting Children from Abuse and Neglect in Primary Care*, Oxford University Press: General Practice Series, Oxford, pp. 233-248.

Bryman, A. and Cramer, D. 1997, *Quantitative Data Analysis with SPSS for Windows; A Guide for Social Scientists*, Routledge, London.

Buchanan, C.M. and and Heiges K.L. 2001, When conflict comes after the marriage ends: effects of postdivorce conflict on children, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development: Theory, Research and Applications*, Cambridge University Press, New York, pp. 337-362.

Buehler, C., Anthony, C., Krishnakumar, A. and Stone, G. 1997, Interparental conflict and youth behavior problems: a meta-analysis, *Journal of Child and Family Studies, 6 (2),* 223-247.

Bynner, J. 2001, Childhood risks and protective factors in social exclusion. *Children and Society*, *15*, 285-301.

The Campbell Collaboration, available at <http://www.campbellcollaboration.org>, accessed 20th March 2008.

Caplan, G. 1964, *Principles of Preventative Psychiatry*, Basic Books, New York.

Carlson, B.E. 1984, Children's observations of interparental violence, in A.R. Roberts (ed.) *Battered Women and their Families: Intervention Strategies and Treatment Programs*, Springer, New York, pp. 147-167.

Carrie, C. 2004, Ireland's lack of long-run data, *Irish Times*, September 21.

Caspi, A. and Elder, G.H. 1988, Emergent family patterns: the intergenerational construction of problem behaviour and relationships, in R.A. Hinde and J. Stevenson-Hinde (eds) *Relationships within Families: Mutual Influences*, Oxford University Press, New York, pp. 218-240.

Caspi, A., McClay, J., Moffitt, T.E., Mill, J., Martin, J., Craig, I.W., Taylor, A., and Poulton, R. 2002, Role of genotype in the cycle of violence in maltreated children, *Science*, 297 (5582), 851-854.

Cawson, P. 2002, *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, NSPCC, London.

Cawson, P., Wattam, C., Brooker, S. and Kelly, G. 2000, *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect,* NSPCC, London.

Central Statistics Office 2002, *Census data*, accessed 20th January 2007.

Central Statistics Office 2006, *Headline Crime Statistics: Quarter 3 2006 (Provisional)*, CSO, Dublin.

Chiodo, D., Leschied, A.W., Whitehead, D.C. and Hurleys, D. 2003, *The Impact of Violence on Child Outcomes in a Child Protection Sample: Implications for Intervention*, The University of Western Ontario, Unpublished paper.

Christensen, A. and Margolin, G. 1988, Conflict and alliance in distressed and non-distressed families, in R.A. Hinde and J. Stevenson-Hinde (eds) *Relationships within Families: Mutual Influences*, Oxford University Press, Oxford, pp. 263-282.

Cicchetti, D. 1994, Advances and challenges in the study of the sequelae of child maltreatment, *Developmental Psychopathology, 6*, 1-3.

Cicchetti, D. 1996, Child maltreatment: implications for developmental theory and research, *Human Development*, *39(1)*, 18-39.

Cicchetti, D. and Carlson,V. 1989, *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*, Cambridge University Press, Cambridge.

Cicchetti, D. and Cohen, D.J. 1995, *Developmental Psychopathology: Perspectives on Risk, Adjustment and Disorder (Vol. 2),* Wiley, New York.

Cicchetti, D. and Lynch, M., 1998, An ecological-transactional analysis of children and contexts: the longitudinal interplay among child maltreatment, community violence, and children's symptomatology, *Development and Psychopathology*, *10*, 235-257.

Cicchetti, D. and Toth 1993, A developmental psychopathology perspective on child abuse and neglect, *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 541-565.

Cicchetti, D. and Toth, S.L. (eds) 1995, *Child Abuse, Child Development, and Social Policy*, Ablex Publishing, New Jersey.

Cicchetti, D. and Tucker, D. 1994, Development and self-regulatory structures of the mind, *Development and Psychopathology, 6*, 533–549.

The Cochrane Collaboration, available at http://www.cochrane.org/, accessed 20th March 2008.

Cohen, D., and Nisbett, R. E. 1994, Self-protection and the culture of honor: explaining southern violence, *Personality and Social Psychology Bulletin, 20*, 551-567.

Cohen, J. 1988, *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.), Lawrence Earlbaum Associates, Hillsdale, NJ.

Coiro, M.J. and Emery, R.E. 1998, Do marriage problems affect fathering more than mothering? A quantitative and qualitative review, *Clinical Child and Family Psychology Review, 1 (1)*, 23-40

Collishaw, S., Maughan, B., Goodman, R., and Pickles, A. 2004, Time trends in adolescent mental health, *Journal of Child Psychology and Psychiatry, 45(8)*, 1350-1362.

Conger, R.D., Conger, K., Elder, G.H., Lorenz, F.O., Simons, R.L., and Whitbeck, L.B. 1992, A family process model of economic hardship and adjustment of early adolescent boys, *Child Development, 63*, 526-541

Coser, L. 1956, *The Functions of Social Conflict*. Free Press, New York

Coulton, C.J, Crampton, D.S, Irwin, M, Spilsbury, J.C., Korbin, J.E. (2007), How neighbourhoods influence child maltreatment: A review of the literature and alternative pathways, *Child Abuse & Neglect*, *31(11/12)*, 1117-1142.

Coulton, C., Korbin, J.E., Su, M. and Chow, J. 1995, Community-level factors and child maltreatment rates, *Child Development*, 66, 1262-1276

Coulton, C. J., Korbin, J. E. and Su, M. 1999, Neighbourhoods and child maltreatment: a multi-level study, *Child Abuse and Neglect*, *23(11)*, 1019-1040.

Cowan, C.P., and Cowan, P.A. 1988, Who does what when partners become parents: Implications for men, women and marriage, *Marriage & Family Review, 12*, 105-131.

Cowan, C.P. and Cowan, P.A. 1992, *When Parents Become Partners*, Basic Books, New York.

Cowan, C.P. and Cowan, P.A. 2000, Preventive intervention: a couple perspective on the transmission of attachment patterns, in C. Clulow (ed.) *Adult Attachment and Couple Psychotherapy: The Secure Base in Practice and Research*, Brunner-Routledge, London.

Cowan, P., Cowan, C.P., Ablow, J., Johnson, V. and Measelle, J. 2005, *The Family Context of Parenting in Children's Adaptation to Elementary School, Monographs in Parenting Series*, Lawrence Erlbaum Associates, New Jersey.

Cox, M.J. and Owen, M.T. 1993, Marital conflict and conflict negotiation: Effects on infant-mother and infant-father relationships, Paper presented at the biennial meeting of the Society for Research in Child Development, New Orleans, LA, March.

Cox, M.J., Paley, B. and Harter, K. 2001, Interparental conflict and parent-child relationships, J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development: Theory, Research and Application*, Publisher, Place, pp. 249-272.

Coyne, I.T. 1998, Researching children: some methodological and ethical considerations, *Journal of Clinical Nursing, 7(5)*, 409-416.

Cozby, P. 1997, *Methods in Behavior Research (6th ed.),* Mayfield, London.

Creighton, S. and Russell, N. 1995, *Voices From Childhood: A Survey of Childhood Experiences and Attitudes to Childrearing Among Adults in the United Kingdom*, NSPCC Research Policy and Practice Series, London.

Creighton S., Ghate, D., Hazel, N., Field, J. and Finch, S. 2003, Putting the Conflict Tactics Scale in context in violence from parent to child, in R.M. Lee and E.A. Stanko (eds) *Researching Violence*, Routledge, London, pp. 30-48.

Cummings, E.M. 1994, Marital conflict and children's functioning, *Social Development, 3*, 16-36.

Cummings, E.M. 1998, Stress and coping approaches and research: The impact of marital conflict on children, *Journal of Aggression, Maltreatment, and Trauma, 2,* 31-50.

Cummings, E.M. and Davies, P.T., 1994, *Children and Marital Conflict: The Impact of Family Dispute and Resolution*, Guilford Press, New York.

Cummings, E.M. and Davies, P.T. 2002, Effects of marital conflict on children: recent advances and emerging themes in process orientated research, *Journal of Child Psychology and Psychiatry and Allied Disciplines, 43(1)*, 31-63.

Cummings, E.M., Davies, P., and Simpson, K, 1994, Marital conflict gender and children's appraisal and coping efficacy as mediators of childhood adjustment, *Journal of Family Psychology, 8*, 141-149.

Cummings, E.M., Goeke-Morey, M.C. and Papp, L.M., 2003, Children's responses to everyday marital conflict tactics in the home, *Child Development*, 74 (6), 1918-1929.

Cummings, E.M., Zahn-Waxler, C. and Radke-Yarrow, M. 1981, Young children's responses to expressions of anger and affection by others in the family, *Child Development, 52*, 1274-1282.

Dadds, M.R., Atkinson, E., Turner, C., Blums, G,J., and Lendich, B. 1999, Family conflict and child adjustment: evidence for the cognitive contextual model of intergenerational transmission, *Journal of Family Psychology, 13*, 194-208.

Dahrendorf, R. 1959, *Class and Class Conflict in Industrial Society*, Routledge and Kegan Paul, London.

Darling, N., and Steinberg, L. 1993, Parenting style as context: an integrative model, *Psychological Bulletin, 113(3),* 487-496.

Dartington Social Research Unit 2004, *Refocusing Children's Services Towards Prevention: Lessons from the Literature,* DfES Publications, Nottingham.

David, K.M. and Murphy, B.C. 2007, Interparental conflict and preschoolers' peer relations: The moderating roles of temperament and gender, *Social Development*, *16(1)*, 1-23.

Davis, L.V. and Carlson, B.E. 1987, Observation of spouse abuse: what happens to the children?, *Journal of Interpersonal Violence*, *2*, 278–291.

Davies, P.T. and Cummings, E.M., 1994, Marital conflict and child adjustment: an emotional-security hypothesis, *Psychological Bulletin, 116*, 387-411.

Davies, P. T. and Lindsay, L. L. 2001, Does gender moderate the effects of marital conflict on children?, in J. H. Grych and F. D. Fincham, *Inter-parental Conflict and Child Development*, Cambridge University Press, Cambridge, pp. 64-97.

Davis, B.T., Hops, H., Alpert, A. and Sheeber, L. 1998, Child responses to parental conflict and their effect on adjustment: A study of triadic relations, *Journal of Family Psychology, 12*, 163-177.

Davies, H., Nutley, S.M., Smith P.C. 2000, *What Works? Evidence-based Policy and Practice in Public Services*, Policy Press, Bristol.

Dawud-Noursi, S., Lamb, M.E. and Sternberg, K.J., 1998, The relations among domestic violence, peer relationships, and academic performance, in C. Feiring and M. Lewis (eds) *Families, Risk and Competence*, Erlbaum, Mahwah, NJ, pp. 207-226.

de Haan, M., Luciana, M., Malone, S., Matheny, L., and Richards, L. 1994, Development, plasticity, and risk: commentary on Huttenlocher, Pollitt and Gorman, and Gottesman and Goldsmith, in C.A. Nelson (ed.) *Threats to Optimal Development: Integrating Biological, Psychological and Social Risk*

Factors, Lawrence Erlbaum, Hillsdale, NJ, pp. 161-178.

DeHart, G.B., Cooper, R.G. and Sroufe, A. 2004, *Child Development: Its Nature and Course*, McGraw-Hill, Los Angeles.

Demo, D.H., and Acock, A.C. 1996, Family structure, family process, and adolescent well-being, *Journal of Research on Adolescence*, *6*, 457-488.

Department of Health, 1995, *Child Protection: Messages from Research*, HMSO, London.

Dixon, M. R., Hayes, L. J., Binder, L. M., Manthey, S., Sigman, C., and Zdanowski, D. M. 1998, Using a self-control training procedure to increase appropriate behavior, *Journal of Applied Behavior Analysis, 31,* 203–210.

Dobash, R.E. and Dobash, R.P. 1979, *Violence Against Wives*, Free Press, New York.

Dobash, R.E. and Dobash, R.P., 1992, *Women, Violence and Social Change*, Routledge, London.

Dobash, R.P., Dobash, R.E., Wilson, M. and Daly, M. 1992, The myth of sexual symmetry in marital violence, *Social Problems, 39*, 71-91.

Dodge, K.A. Pettit, G.S. & Bates J.E. 1997, How the experience of early physical abuse leads children to become chronically aggressive, in D. Cicchetti and S.L. Toth (eds), *Rochester Symposium on Developmental Psychology: Vol. 8, Developmental Perspectives on Trauma: Theory, Research, and Intervention*, Lawrence Erlbaum Associates, Mahwah, NJ, pp. 263–288.

Downey and Coyne, 1990, Children of depressed parents: an integrative review, *Psychol Bull 108(1)*, 50-76.

Dubrow, N., Garbarino, J., Kostelny, K. 1993*, No Place to Be a Child; Growing Up in a War Zone*, D.C. Heath & Co, Lexington, MA.

Dunn, J and Davies, L, 2001, Sibling relationships and interparental conflict, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development: Theory, Research and Application,* Cambridge University Press, New York, pp. 273-290.

Dunn, J. and Slomkowski, C. 1992, Conflict and the development of social understanding, in C.U. Shantz and W.W. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge University Press, Cambridge, pp. 70-92.

Earls, F. and Mezzacappa, E. 2002, Conduct and oppositional disorders, in E. Taylor, E. and Rutter, M. (eds) *Child and Adolescent Psychiatry, 4th Edition,* Blackwell Publishers, Oxford, pp. 419-436.

Eberly, M.B. and Montemaor, R. 1998, Doing good deeds: an examination of adolescent prosocial behaviour in the context of parent-adolescent relationships, *Journal of Adolescent Research*, *13(2)*, 403-432

Edleson, J.L. 1995, Do batterer's programs work? Paper presented at the *International Study Group on the Future of Intervention with Battered Women and Their Families*, Haifa, Israel, March 1995.

Edleson, J., 1999a, Introduction to Special Issue, *Child Maltreatment, 4(2)*, 91-92.

Edleson, J. 1999b, Children's witnessing of adult domestic violence, *Journal of Interpersonal Violence, 14*, 839-887.

Edwards, M. and Miller. C. 2003, *Integrating Health and Social Care and Making it Work*, Office for Public Management, London.

Egeland, B. 1997, Mediators of the effects of child maltreatment on developmental adaptation in adolescence, in D. Cicchetti and S.L. Toth (eds) *Developmental Perspectives on Trauma: Theory, Research, and Intervention*, *Rochester Symposium on Developmental Psychology, Vol. 8*, University of Rochester Press, Rochester, NY, pp. 403-434.

Ellison, C.G., Bartowski, J.P. and Anderson, K.L. 1999, Are there religious variations in domestic violence?, *Journal of Family Issues*, *20(1)*, 87-113.

Emery, R.E. 1982, Interparental conflict and the children of discord and divorce, *Psychological Bulletin, 92*, 310-330.

Emery, R.E. 1989, Family violence, *American Psychologist, 44*, 321-328.

Emery, R.E. 1992, Family conflicts and their developmental implications: a conceptual analysis of meanings for the structure of relationships, in C.U. Shantz and W.W. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge University Press, Cambridge, pp. 270-300.

Emery, R.E. 2001, Interparental conflict and social policy, in J.H. Grych and F.D. Fincham, (eds) *Interparental Conflict and Child Development: Theory, Research and Application*, Cambridge University Press, New York, NY.

Emery, R.E. and Laumann-Billings, L. 2002, Child abuse, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th edn.)*, Blackwell Publishing, Oxford, pp. 325-339.

Emery, R.E. and O'Leary, K.D. 1982, Children's perceptions of marital discord and behaviour problems of boys and girls, *Journal of Abnormal Child Psychology, 10(1)*, 11-24.

Emery, R.E., Matthews, S.G. and Kitzmann, K.M. 1994, Child custody mediation and litigation: parent's satisfaction and functioning one-year after settlement, *Journal of Cosulting and Clinical Psychology, 62(1)*, 124-129.

Engfer, A., 1988, The interrelatedness of marriage and the mother-child relationship, R.A. Hinde and J. Stevenson-Hinde (eds.) Relationships within families: mutual influences, Clarendon Press, Oxford, 104-118

EPOCH-USA. (2000). *Legal reforms: Corporal punishment of children in the family.*

Erel, O. and Burman, B., 1995, Interrelatedness of marital relations and parent-child relations: a meta-analytic review, *Psychological Bulletin, 118*, 108-132.

Eth, S. 1996, A developmental-interactional model of child abuse, in C.R. Pfeffer (ed) *Severe Stress and Mental Disturbance in Children*, American Psychiatric Publications: Washington DC.

Fauber, R. Forehand, R, Thomas, A.M. and Wierson, M. 1990, A mediational model of the impact of marital conflict on adolescent adjustment in intact and divorced families: The role of disrupted parenting, *Child Development, 61,* 1112-1123.

Fantuzzo, J.W. and Lindquist, C.U. 1989, The effects of observing conjugal violence on children: a review and analysis of research methodology, *Journal of Family Violence, 4*, 77-94

Fantuzzo, J.W., Boruch, R., Abdullahi, B. Atkins, M. and Marcus, S. 1997, Domestic violence and children: prevalence and risk in five major U.S. cities, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 116-122.

Farrington, D.P. 2000, Explaining and preventing crime: the globalization of knowledge: the American Society of Criminology 1999 Presidential Address. *Criminology, 38(1)*, 1-24.

Fauber, R., Forehand, R., McCombs Thomas, A. and Wierson, M. 1990, A mediational model of the impact of marital conflict on adolescent adjustment in intact and divorced families: the role of disrupted parenting, *Child Development, 61(4)*, 1112-1123.

Fauber, R.L. and Long, N. 1991, Children in context: the role of the family in child psychotherapy, *Journal of Consulting and Clinical Psychology, 59*, 813-820.

Fein, D.J. and Lee W.S. 2003, The impacts of welfare reform on child maltreatment in Delaware, *Children and Youth Services Review, 25(1-2)*, 83-111.

Feld, S. L., and Straus, M. A. 1989, Escalation and desistance of wife assault in marriage. *Criminology, 27(1)*, 141-161.

Fincham, F.D. 1994, Understanding the association between marital conflict and child adjustment: overview, *Journal of Family Psychology, 8*(*2*), 123-127.

Fincham, F. D. 2003, Marital conflict: correlates, structure and context, *Current Directions in Psychological Science, 12*, 23-27.

Finkelhor, D., and Dziuba-Leatherman, J. 1994, Children as victims of violence: A national survey, *Pediatrics, 94(4)*, 413-420.

Finkelor, D. and Kendall-Tackett, K. 1997, A developmental perspective on the childhood impact of crime, abuse, and violent victimization, in D. Cicchetti and S.L. Toth (eds) *Developmental Perspectives on Trauma: Theory, Research, and Intervention*, Rochester symposium on developmental psychology, Vol. 8, University of Rochester Press, Rochester, NY, pp. 1-32.

Forehand, R., and McCombs, A. 1989, The nature of interparental conflict of married and divorced parents: Implications for young adolescents, *Journal of Abnormal Child Psychology, 17*, 235-249.

Forehand, R., and Thomas, A.M. 1992, The home environment of adolescents from divorced families: a longitudinal analysis, *Journal of Family Violence, 7*, 73-84.

Forehand, R., and Wierson, M. 1993, The role of developmental factors in planning behavioral interventions: disruptive behavior as an example, *Behavior Therapy, 22*, 671-688.

Forehand, R., Thomas, A.M., Wierson, M., Brody, G., and Fauber, R. 1990, The role of maternal functioning and parenting skills in adolescent functioning following parental divorce, *Journal of Abnormal Psychology, 99*, 278-283.

Framo, D.L. 1975, Personal reflections of a therapist, *Journal of Marriage and Family Counseling, 1,* 15-28.

France, A., and Utting, D. 2005, The paradigm of 'risk and protection-focused prevention' and its impact on services for children and families, *Children and Society, 19*, 77-90.

Freeman, R. 1999, Recursive politics: prevention, modernity and social systems, *Children and Society*, *9*, 232-241.

Freisthler, B., Merritt, D.H. and LaScala, E.A. 2006, Understanding the ecology of child maltreatment: a review of the literature and directions for future research, *Child Maltreatment, 11(3)*, 263-280.

Ganley, A.L. and Schechter, S. (eds) *Domestic Violence: A National Curriculum for Child Protection Services,* Family Violence Prevention Fund, San Francisco, CA.

Garbarino, J. 1985, An ecological approach to child maltreatment, in L.E. Pelton (ed.) *The Social Context of Child Abuse and Neglect*, Human Sciences Press, New York, pp. 228-267.

Garbarino, J. and Crouter, A. 1980, Defining the community context for parent-child relations: the correlates of child maltreatment, *Child Development, 49*, 604-616.

Garbarino, J., Dubrow, N., Kostelny, K. and Pardo, C. 1992, *Children in Danger: Coping with the Consequences of Community Violence*, Jossey-Bass, San Francisco.

Garbarino, J., Guttmann, E. and Seeley, J.W. 1986, *The Psychologically Battered Child*, Jossey-Bass, San Francisco.

Garbarino, J. and Sherman, D. 1980, High-risk neighbourhoods and high-risk families: the human ecology of child maltreatment, *Child Development, 51*, 188-198.

Gardner, F., Burton, J., Klimes, I., Randomised Controlled Trial of a Parenting Intervention in the Voluntary Sector for Reducing Conduct Problems in Children: outcomes and mechanisms for change. http://www.incredibleyears.com/research/article-randomized-controlled-trial-parenting-intervention-06.pdf Accessed 2/6/06.

Garmezy, N. and Masten, A.S. 1994, Chronic adversities, in M. Rutter, L. Herzov, and E. Taylor (eds), *Child and Adolescent Psychiatry,* Blackwell, Oxford, pp. 191-208.

Gelles, R.J. 1991, Physical violence, child abuse, and child homicide: a continuum of violence, or distinct behaviors?, *Human Nature, 2(1)*, 59-72.

Gelles, R.J. 1995a, Child abuse and neglect: sociological aspects, in D. Levinson (ed.) *Encyclopedia of Marriage and the Family*, Macmillan, New York, pp. pp. 64-71.

Gelles, R.J. 1995b, Issue editor's introduction, *Vision 2010: Family & Violence, Abuse and Neglect*, National Council on Family Relations, Minneapolis, MN.

Gelles, R.J. and Daro, D. 1992, Public attitudes and behaviors with respect to child abuse prevention, *Journal of Interpersonal Violence*, 7, 517-531.

Gelles, R. J. and Levine, A. 1995, *Sociology: An Introduction 5/E*, McGraw-Hill, Inc., New York.

Gelles, R.J. and Loseke, D. R. 1993, *Current Controversies on Family Violence*, Sage, Newbury Park, California.

Gelles, R.J. and Straus, A 1978, Determinants of violence in the family: Towards a theoretical integration, in W.R. Burret, R. Hill, F.I. Nye and I.L. Reiss (eds), *Contemporary Theories About the Family,* Free Press, New York.

Gelles, R. J. and Wolfner, G. D. 1993, A profile of violence toward children: a national study, *Child Abuse and Neglect: The International Journal*, 17(2), 197-212.

Gershoff, E.T. 2002, Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review, *Psychological Bulletin, 128(4)*, 539-579.

Gershoff, E.T., Miller, P.C., and Holden, G.W. 1999, Parenting influences from the pulpit: religious affiliation as a determinant of parental corporal punishment, *Journal of Family Psychology*, *13*, 307–320.

Gerwitz, A. and Edleson, J.L. 2004, Young children's exposure to adult domestic violence: The case of early childhood research and supports, in S. Schechter (ed), *Early Childhood, domestic violence and poverty: Helping young children and their families*, University of Iowa School of Social Work, Iowa City.

Ghate, D. and Daniels, E. 1997, *Talking About My Generation*, NSPCC, London.

Ghate, D. and Hazel, N. 2002, *Parenting in Poor Environments: stress, support and coping*, Jessica Kingsley, London.

Gibson, H.B. 1969, Early delinquency in relation to broken homes, Journal of *Child Psychology and Psychiatry and Allied Disciplines, 10(3)*, 195-205.

Glaser, D. 2000, Child abuse and neglect and the brain: a review, *Journal Of Child Psychology and Psychiatry and Allied Disciplines*, *41(1)*, 97-116.

Glaser, D. 2002, Child sexual abuse, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th edn.)*, Blackwell, Oxford, pp. 340-358.

Golombok, S. 2000, To the eyes of a child: the impact of parents' problems, *The New Therapist*, *7(4)*, 34-40.

Gonzalez, L. and Viitanen, T.K. 2006, The effect of divorce laws on divorce rates in Europe**,** *IZA Discussion Paper No. 2023*, March, Available at SSRN: http://ssrn.com/abstract=892354.

Goodman, R. 1997, The Strengths and Difficulties Questionnaire: a research note, *Journal of Child Psychology and Psychiatry, 38(5)*, 581-586.

Goodman, R.M. 1998, Principles and tools for evaluating community-based prevention and health promotion programs, *Journal of Public Health Management and Practice, 4(2)*, 37-47.

Goodman, R., Ford, T., Richards, H., Gatward, R. and Meltzer, H. 2000, The development and well-being assessment: description and initial validation of an integrated assessment of child and adolescent psychopathology, *Journal of Child Psychology and Psychiatry, 41(5)*, 645-655.

Goodman, R., Ford T., Simmons, H., Gatward R. and Meltzer, H. 2000, Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample, *British Journal of Psychiatry*, *177*, 534-539.

Goodman, R., Meltzer, H, Bailey, V. 1998, The Strengths and Difficulties Questionnaire: a pilot study on the validity of the self-report version, *European Child & Adolescent Psychiatry*, *7(3)*, 125-130.

Goodman, R. and Scott, S., 1999, Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: is small beautiful?, *Journal of Abnormal Child Psychology, 27(1)*, 17-24.

Gordon, R. 1987, An operational classification of disease prevention, in J.A. Steinberg and M.M. Silverman (eds) *Preventing Mental Disorders*, Department of Health and Human Services, Washington DC, pp. 20-26.

Gottman, J.M., and Katz, L.F. 1989, Effects of marital discord on young children's peer interaction and health, *Developmental Psychology, 25*, 373-381.

Graham, P. 2004, Early prevention of adult antisocial behaviour, *Psychological Medicine, 34(4)*, 756-757.

Graham-Bermann, S.A. 1999, Designing intervention evaluations for children exposed to domestic violence: applications of research and theory from emerging initiatives, in S.A. Graham-Bermann and J. Edleson (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, American Psychological Association, Washington, DC, pp. 283-298.

Graham-Bermann, S.A. 2001, Child abuse in the context of domestic violence, in J.E.B. Myers (ed) *APSAC Handbook on Child Maltreatment (2nd edn.)*, Sage Publications, Thousand Oaks, CA.

Graham-Bermann, S.A., Banyard, V., Coupet, S., Egler, L., and Mattis, J. 1996, The interpersonal relationships and adjustment of children in homeless and economically distressed families, *Journal of Clinical Child Psychology, 25(3)*, 250-261.

Graham-Bermann, S.A. and Edleson, J. (eds) 2001, *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy*, American Psychological Association, Washington, DC.

Graham-Bermann, S.A. and Hughes, H.M. 2003, Intervention for children exposed to interparental violence (IPV): assessment of needs and research priorities, *Clinical Child and Family Psychology Review, 6(3)*, 189-204.

Graham-Bermann, S.A. and Levendosky, A.A. 1998, The social functioning of pre-school aged children whose mothers are emotionally and physically abused, *Journal of Emotional Abuse, 1*, 59-84.

Greenberg, M.T., Kusché, C.A., Cook, E.T. and Quamma, J.P. 1995, Promoting emotional competence in school aged children: the effects of the PATHS Curriculum, *Developmental Research and Psychopathology, 7*, 117-136.

Greenwood, L. Richardson, D.R. and Lago, T. 1996, How do friendship, indirect, and direct aggression relate?, *Aggressive Behaviour, 22(2)*, 81-86.

Grych, J.H. 2001, Increasing specificity in the study of interparental conflict and child adjustment, in A. Booth, A. Crouter, and M. Clements (eds) *Couples in Conflict*, Lawrence Erlbaum Associates, Mahweh, NJ, pp. 173-182.

Grych, J.H., and Cardoza-Fernandes, S. 2001, Understanding the impact of conflict on children: The role of social cognitive processes, in J. Grych and F. Fincham (eds) *Interparental Conflict and Child Development: Theory, Research, and Applications*, Cambridge University Press, Cambridge, pp. 157-187.

Grych, J.H. and Fincham, F.D., 1990, Marital conflict and children's adjustment: a cognitive-contextual framework, *Psychological Bulletin, 108*, 267-290.

Grych, J.H. and Fincham, F.D., 1993, Children's appraisals of marital conflict: initial investigations of the cognitive-contextual framework, *Child Development, 64 (1)*, 215-230.

Grych, J.H. and Fincham, F.D. (eds), 2001, *Interparental Conflict and Child Development: Theory, Research and Application*, Cambridge University Press, New York, NY.

Grych, J.H., Fincham, F.D., Jouriles, E.N. and McDonald, R., 2000, Interparental conflict and child adjustment: testing the mediational role of appraisals in the cognitive-contextual framework, *Child Development, 71(6)*, 1648-1661.

Grych, J.H., Seid, M. and Fincham, F.D., 1992, Assessing marital conflict from the child's perspective: the Children's Perception of Interparental Conflict scale (CPIC), *Child Development, 63(3)*, 558-572

Haggerty, R. 1996, Stress and coping: a unifying theme, in R.J. Haggerty *et al* (eds) *Stress, Risk and Resilience in Children and Adolescents: Processes, Mechanisms and Intervention*, Cambridge University Press, Cambridge.

Hair, J.F., Anderson, R.E., Tatham, R.L., Black., W.C, 1998, *Multivariate Data Analysis*, Simon & Schuster Company, New Jersey.

Hamberger, K.L. and Guse, C. 2005, Typology of reactions to intimate partner violence among and men and women arrested for partner violence, *Violence and Victims, 20(3)*, 303-317.

Hamilton, C. and Browne, K., 2002, Predicting physical maltreatment, in K. Browne, H. Hanks, P. Stratton and C. Hamilton (eds) *Early Prediction and Prevention of Child Abuse: A Handbook*, John Wiley and Sons, Chichester, pp. 41-55.

Harold, G.T. and Conger, R.D. 1997, Marital conflict and adolescent distress: the role of adolescent awareness, *Child Development 68(2)*, 333-350.

Harold, G.T. and Howarth, E.L., 2004, How marital conflict and violence affects children: theory, research and future directions, in Calder, M.C., Harold, G.T. and Howarth, E.L. (eds) *Children Living with Domestic Violence: Towards a Framework for Assessment and Intervention*, Russell House Publishing, Lyme Regis.

Harold, G.T. and Murch, M. 2005, Interparental conflict and children's adaptation to separation and divorce: theory, research and implications for family law, practice and policy, *Child and Family Law Quarterly*.

Harold, G.T., Shelton, K.H., Goeke-Morey, M.C. and Cummings, E.M. 2004, Marital conflict, child emotional security about family relationships and child adjustment, *Social Development*.

Harrington, R. 2002, Affective disorders, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th edn.)*, Blackwell Publishing, Oxford, pp. 463-485.

Hay, D.F. 1984, Social conflict in early childhood, in G. Whitehurst (ed.) *Annals of Child Development (Vol. 1)*, JAI, Greenwich, CT.

Henderson, S.H., Hetherington, E.M., Mekos, D. and Reiss, D. 1996, Stress, parenting, and adolescent psychopathology in nondivorced and stepfamilies: A within-family perspective, in E.M. Hetherington and E.A. Blechman (eds.), *Stress, coping and resiliency in children and families*, Laurence Erlbaum, Mahwah, NJ, pp. 39-66.

Henry, B. Moffitt, T.E., Caspi, A., Langley, J., Silva, P.A. 1994, On the "remembrance of things past": a longitudinal evaluation of the retrospective method, *Psychological Assessment, 6(2)*, 92-101.

Hester, M., and Radford, L. 1996, Contradictions and compromises: the impact of the Children Act on women and children's safety, in M. Hester, L. Kelly, and J. Radford (eds) *Women, Violence and Male Power: Feminist Activism, Research and Practice*, Open University Press, Buckingham.

Hester, M., Pearson, C. and Harwin, N., 2000, *Making an Impact: Children and Domestic Violence*, Jessica Kingsley Publishers, London.

Hester, M., Westmarland, N., and Hughes, J. 2001, *Domestic Violence in South Tyneside: Incidence, Provision and Good Practice*, International Center for the Study of Violence and Abuse, University of Sunderland in association with Tyne and Wear Health Action Zone, Sunderland.

Hetherington , E.M. 1972, Effects of father absences on personality development in adolescent daughters, *Developmental Psychology, 7(3)*, 313-326.

Heyman, R.E., and Slep, A. M. 2001, Risk factors for family violence: introduction to the special series, *Aggression and Violent Behaviour, 6*, 115-119.

Hind, R.A. and Stevenson-Hinde, J. 1988, *Relationships within Families: Mutual Influences*, Oxford University Press, New York.

Holden, G.W. 1998, Introduction: the development of research into another consequence of family violence, in G.W. Holden, R. Geffner, and E.N. Jouriles (eds) *Children Exposed to Marital Violence: Theory, Research, and Applied Issues*, American Psychological Association, Washington DC.

Holden, G.W. 2003, Children exposed to domestic violence and child abuse: terminology and taxonomy, *Clinical Child and Family Psychology Review, 6(3)*, 151-160.

Holden, G.W. and Ritchie, K.L. 1991, Linking extreme marital discord, child rearing, and child behavior problems: evidence from battered women, *Child Development, 62*, 311-327.

Holden, G.W., Geffner, R. and Jouriles, E.N., 1998, *Children Exposed to Marital Violence: Theory, Research and Applied Issues*, American Psychological Association, Washington, DC.

Holden, G.W., Geffner, R., Jouriles, E.N. 2000, *Children Exposed to Marital Violence: Theory, Research, and Applied Issues*, American Psychological Association, Washington, DC.

Holmbeck, G.N. 1997, Toward terminological, conceptual, and statistical clarity in the study of mediators and moderators: examples from the Child-Clinical and Pediatric Psychology literatures, *Journal of Counselling and Clinical Psychology, 65(4)*, 599-610.

Holtzworth-Munroe, A., and Stuart, G.L. 1994, Typologies of male batterers: three subtypes and the differences among them, *Psychological Bulletin, 116(3)*, 476-497.

Home Office, 2004, *Domestic Violence, Crime and Victims Act 2004 (c.28)*, London.

Howlin, P. 2002, Special educational treatment, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry (4th Edition)*, Blackwell Science, Oxford, pp. 1128-1147.

Hoyle, R.H. 1995, *Structural Equation Modeling: Concepts, Issues, and*

Applications, Thousand Oaks, Sage.

Hughes, H.M. 1988, Psychological and behavioural correlates of family violence in child witnessed and victims, *American Orthopsychiatric Association, 58(1)*, 77-90.

Hughes, H.M., Graham-Bermann,S.A., and Gruber, G. 2001, Resilience in Children Exposed to Domestic Violence, in S.A. Graham-Bermann and J.L. Edleson (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, American Psychological Association, Washington DC.

Hughes, H.M., Parkinson, D. and Vargo, M. 1989, Witnessing spouse abuse and experiencing physical abuse: a "double whammy"? *Journal of Family Violence, 4*, 197-209.

Humphreys C., 1999, Walking on eggshells: child sexual abuse allegations in the context of divorce, in J. Breckenridge and L. Laing (eds) *Challenging Silence: Innovative Responses to Sexual and Domestic Violence*, Allen and Unwin, Sydney.

Hutchings, J., Lane, E., Owen, R.E., and Gwyn, R. 2004, The introduction of the Webster-Stratton Classroom Dinosaur School Programme in Gwynedd, North Wales: a pilot study, *Educational and Child Psychology*, *21(4)*, 4-15.

Ingoldsby, E.M., Shaw, D.S., Winslow, E., Schonberg. M., Gilliom, M. and Criss, M.M., 2006, Neighborhood disadvantage, parent-child conflict, neighborhood peer relationships, and early antisocial behavior problem trajectories, *Journal of Abnormal Child Psychology, 34 (3)*, 303-319

Central Statistics Office 2006, *Headline Crime Statistics: Quarter 3 2006 (Provisional)*, CSO, Dublin.

Jaffe, P., Wilson, S., and Wolfe, D.A. 1986, Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence, *Canadian Journal of Behavioural Sciences, 18(4)*, 356-366.

Jaffe, P.G., Wolfe, D.A. and Wilson, S.K. 1990, *Children of Battered Women*, Sage Publications, Newbury Park.

Jaffe, P.G., Crooks, C.V., Wolfe, D.A. 2003, Legal and policy responses to children exposed to domestic violence: the need to evaluate intended and unintended consequences, *Clinical Child and Family Psychology Review, 6(3)*, 205-213.

Jaffee, S.R., Polo-Tomas, M., Moffitt, T., Caspi, A., Price, T.S., Taylor, A. 2004, The limits of child effects: evidence for genetically mediated child

effects on corporal punishment but not on physical maltreatment, *Development Psychology, 40(6)*, 1047-1058.

Jarrett, R.L. 1995, Growing up poor: the family experience of socially mobile youth in low-income African American neighbourhoods, *Journal of Adolescent Research, 10(1)*, 111-135.

Jasinkski, J.L. and Williams, L.M. 1998, *Partner Violence; A Comprehensive Review of 20 Years of Research*, Sage Publications, Thousand Oaks, CA.

Jaycox, L.H., Reivich, K.J., Gillham, J., and Seligman, M.E.P. 1994, Prevention of depressive symptoms in school children, *Behavioural Research and Therapy, 32(8)*, 801-816.

Jenkins, J., Simpson, A., Dunn, J., Rasbash, J. and O'Connor, T.G, 2005, Mutual influence of marital conflict and children's behaviour problems: shared and nonshared family risks, *Child Development, 76(1)*, 24-39.

Jenkins, J.M. and Smith, M.A. 1990, Factors protecting children living in disharmonious homes: maternal reports, *Journal of the American Academy of Child and Adolescent Psychiatry, 29(1)*, 60-69.

Johnston, M.P. 1995, Patriarchal terrorism and common couple violence: two forms of violence against women, *Journal of Marriage and the Family, 57*, 283-294.

Jones, L.M., Finkelor, D. and Halter, S. 2006, Child maltreatment trends in the 1990s: why does neglect differ from sexual and physical abuse?, *Child Maltreatment, 11(2)*, 107-120.

Jouriles, E.N., Barling, J. and O'Leary, K.D., 1987, Predicting child behavior problems in maritally violent families, *Journal of Abnormal Child Psychology, 15(1)*, 165-173.

Jouriles, E.N., Bourg, W., and Farris, A. 1991, Marital adjustment and child conduct problems: A comparison of the correlation across samples, *Journal of Consulting and Clinical Psychology, 59*, 354-357.

Jouriles, E.N. and Farris, A.M., 1992, Effects of marital conflict on subsequent parent-son interactions, *Behavior Therapy, 23*, 355-374

Jouriles, E.N., McDonald, R., Norwood, W.D. and Ezell, E. 2001a, Issues and controversies in documenting the prevalence of children's exposure to domestic violence, in S.A. Graham-Bermann and J.L. Edleson (eds) *Domestic Violence in the Lives of Children*, American Psychological Association, Washington, D.C., pp. 13-34.

Jouriles, E.N. and Norwood, W.D., 1995, Physical aggression toward boys and girls in families characterized by the battering of women, *Journal of Family Psychology, 9(1)*, 69-78.

Jouriles, E. N., Norwood, W.D., McDonald, R. and Peters, B. 2001b, Domestic violence and child adjustment, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development: theory, research, and application,* Cambridge University Press, Cambridge, pp. 315-336.

Jutengren, G. and Palmerus, K. 2002, A comparison of Swedish and US fathers' self-reported use of parental discipline, *Children and Society, 16*, 246-259.

Kadushin, A., and Martin, J, 1981, *Child Abuse: An Interactional Event*, Columbia University Press, New York.

Kaplan, S. H., Greenfield, S., and Ware, J. E. 1989, Assessing the effects of physician-patient interactions on the outcomes of chronic disease, *Med Care, 27*, S110-S127.

Katz, I., Corlyon, J., La Placa, V. and Hunter, S. 2007, *The Relationship between Parenting and Poverty*, Joseph Rowntree Foundation, York.

Katz, L.F., and Gottman, J. 1993, Patterns of marital conflict predict children's internalising and externalizing disorders, *Development Psychology, 29*, 940-950.

Katz, L.F. and Gottman, J.M. 1995, Marital conflict and child adjustment: Father's parenting as a mediator of children's negative peer play, Paper presented at the biennial meeting of the Society for Research in Child Development, Indianapolis, IN, April.

Katz, L.F. and Gottman, J.M. 1996, Spillover effects of marital conflict: in search of parenting and coparenting mechanisms, *New Directions in Child Development, 74*, 57-76.

Katz, L.F. and Gottman, J.M. 1997, Buffering children from marital conflict and dissolution, *Journal of Clinical Child Psychology, 26*, 157-171.

Katz, F.L., Kramer, L. and Gottman, J.M. 1992, Conflict and emotions in marital, sibling, and peer relationships, in C.U. Shantz and W.W. Hartup, *Conflict in Child and Adolescent Development*, Cambridge University Press, Cambridge, pp. 122-152.

Kaufman, J., and Zigler, E. 1987, Do abused children become abusive parents? *American Journal of Orthopsychiatry*, *57*, 186-192.

Kaufman, J., and Zigler, E., 1988, Do abused children become abusive parents? *Child Psychiatry, 57*, 591-600.

Kelly, J.B., Gigy, L. and Hausman, S. 1988, Mediated and adversarial divorce: Initial findings from a longitudinal study, in J. Folberg and A. Milne (eds.), *Divorce Mediation: Theory and Practices*, Guilford, New York, pp. 453-474.

Kelly, L. 1990, Abuse in the making: the connections between pornography and sexual violence, *Trouble and Strife*, *19*, 34-39.

Kelly, L. 1998, Between context and continents: feminist activism in South Asia, *Trouble and Strife*, *37*, 12-22.

Kelly, L., 2001, *Specific Domestic Violence Legislation: Examples and Advantages*, Prepared for the GLA Domestic Violence Advisory Group.

Kempe, C.H., Silverman, F.N., Steele, B.N, Droegemueller, W. and Silver, H.K. 1962, The battered-child syndrome, *Journal of the American Medical Association, 181*, 17-24.

Kerig, P.K. 1998a, Gender and appraisals as mediators of adjustment in children exposed to interparental violence, *Journal of Family Violence, 13(4)*, 345-363

Kerig, P.K. 1998b, Moderators and mediators of the effects of interparental conflict on children's adjustment, *Journal of Abnormal Child Psychology*, 199-212.

Kerig, P.K., 2001, Children's coping with interparental conflict, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development*: *Theory, Research and Application*, Cambridge University Press, Cambridge, pp. 213-248.

Kerig, P.K., Cowan, P.A. and Cowan, C.P. 1993, Marital quality and gender differences in parent-child interaction, *Developmental Psychology, 29*, 931-939.

Kim, M-S. and Leung, T. 2000, A multicultural view of conflict management styles: Review of past research and critical synthesis, *Communication Yearbook, 23*, 227-269.

Kinard, M. 1985, Ethical issues in research with abused children, *Child Abuse and Neglect*, *9*, 301-311.

Kitzmann, K.M. and Emery, R.E. 1994, Child and family coping one year after mediated and litigated child custody disputes, *Journal of Family Psychology, 8(2)*, 150-159.

Kitzmann, K. M., Gaylord, N., Holt, A., and Kenny, E. 2003, Child witnesses to domestic violence: a meta-analytic review, *Journal of Consulting and Clinical Psychology, 271*, 339-352.

Klein, R.G. and Pine, D.S. 2002, Anxiety disorders, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry,* Blackwell Publishing, Oxford, pp. 486-509.

Klevens, J. and Whitaker, D.J. 2007, Primary prevention of child physical abuse and neglect: Gaps and promising directions, *Child Maltreatment, 12,* 364-377.

Korbin, J.E. 1997, Culture and child maltreatment, in M.E. Helfer, R.S. Kempe and R.D. Krugman (eds) *The Battered Child*, University of Chicago Press, Chicago, pp. 29-48.

Koss, M.P., Goodman, L., Browne, A., Fitzgerald, L., Keita, G.P. and Russon, N.F. 1994, *No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community*, American Psychological Association, Washington, DC.

Kotch, J.B. 2000, Ethical issues in longitudinal child maltreatment research, *Journal of Interpersonal Violence, 15(7),* 696-709.

Krug, E., Mercy, J., Dahlberg, L. And Zwi, A., 2002, The world report on violence and health, *The Lancet, 360(9339)*, 1083-1088.

Kurtz, P.D., Gaudin, J.M., Howing, P.T. and Wodarski, J.S. (1993). The consequences of physical abuse on the school age child: Mediating factors. *Children and Youth Services Review, 15*, 85-104.

Kurz, D., 1993, Physical assaults by husbands: a major social problem, in R. Gelles and D.R. Loseke (eds) *Current Controversies on Family Violence*, Sage, Beverly Hills, pp. 88-103.

Lang, S. 2005, Urie Bronfenbrenner, father of Head Start program and pre-eminent 'human ecologist' dies at age 88, Cornell University News Service, http://www.news.cornell.edu/stories/Sept05/Bronfenbrenner.ssl.html [Accessed September 2006].

Lansdown, G., 2000, Children's rights and domestic violence, *Child Abuse Review, 9*, 416-426

Lansford, J.E., Chang, L., Dodge, K.A., Malone, P.S., Oburu, P., Palmérus,

K., Bacchini, D., Pastorelli, C., Bombi, A.S., Zelli, A., Tapanya, S., Chaudhary, N., Deater-Deckard, K., Manke, B., Quinn, N. 2005, Physical discipline and children's adjustment: cultural normativeness as a moderator, *Child Development, 76(6)*, 1234 - 1246.
Lansford, J.E., Malone, P.S., Stevens, K.I., Dodge, K.A., Bates, J.E., and Petit, G.S. 2006, Developmental trajectories of externalizing and internatlisaing behaviours: factors underlying resilience in physically abused children, *Development and Psychopathology, 18*, 35-55.

Larzelere R.E. 1996, A review of the outcomes of parental use of nonabusive or customary physical punishment, *Pediatrics, 98*, 824-828.

Larzelere, R.E. 2000, Evidence for smacking ban remains weak, *British Medical Journal, 320*, 1538.

Larzelere, R.E. 2002, *A Comparison of Two Recent Reviews of Scientific Studies of Physical Punishment by Parents*, Unpublished paper, Posted at http://people.biola.edu/faculty/paulp/Larzelere02.html [Accessed 1st October 2008].

Larzelere, R.E., Baumrind, D. and Cowan, P. 2002, Ordinary physical punishment: is it harmful? Comment on Gershoff, *Psychological Bulletin*, *128(4)*, 580-589.

Laub, J.H., Nagin, D.S. and Sampson, R.J. 1998, Trajectories of change in criminal offending: good marriages and the desistance process, *American Sociological Review, 63*, 225-238.

Levendosky, A.A., Graham-Berman, S.A. 2001, Parenting in battered women: the effects of domestic violence on women and their children, *Journal of Family Violence*, *16(2)*, 171-192.

Levesque, R.J.R. 2000, Cultural evidence, child maltreatment, and the law, *Child Maltreatment, 5(2)*, 146-160.

Litrownik, A.J., Newton, R., Hunter, W.M., English, D. and Everson, M.D., 2003, Exposure to family violence in young at-risk children: a longitudinal look at the effects of victimization and witnessed physical and psychological aggression, *Journal of Family Violence, 18(1)*, 59-73.

Little, M. 2002, The law concerning services for children with social and psychological problems, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry,* Blackwell Publishing, Oxford.

Little, M. and Axford, N. 2004, *Meeting Needs or Protecting Rights: which way for children's services?* Unpublished paper, Dartington Social Research Unit, Dartington.

Little, M., Axford, N. and Morpeth, L. 2003a, *Threshold: Determining the Extent of Impairment to Children's Development*, Warren House Press, Dartington.

Little, M., Axford, N. and Morpeth, L., 2003b, Risk and protection in the context of services for children in need, *Child and Family Social Work, 9(1)*, 105-118.

Little, M., Axford, N. and Morpeth, L. 2004, Research review: risk and protection in the context of services for children in need, *Child and Family Social Work, 9*, 105-117.

Little, M. and Sinclair, R. 2005, The evolution and family support, in N. Axford, V. Berry, M. Little and L. Morpeth (eds) *Forty Years of Research, Policy and Practice in Children's Services*, Chichester, Wiley, pp.119-134.

Luthar, S.S. 1993, Methodological and conceptual issues in research on childhood resilience, *Journal of Child Psychology and Psychiatry, 34(4)*, 441-453.

Lynch, M. and Cicchetti, D., 1998, An ecological-transactional analysis of children and contexts: the longitudinal interplay among child maltreatment, community violence, and children's symptomatology, *Development and Psychopathology, 10*, 235-257.

Maccoby, E.E. and Martin, J.A. 1983, Socialization in the context of the family: parent-child interaction, in E.M. Hetherington (ed.) *Handbook of Child Psychology: Vol. 4. Socialization, Personality and Social Development*, Wiley, New York.

Macdonald, G. 2001, *Effective Interventions for Child Abuse and Neglect: An Evidence-Based Approach to Evaluating and Planning Interventions*, John Wiley, Chichester.

Macdonald, G. 2004, *Evidence-based Child Protection: What it is and what it isn't*, ISPCAN Conference, Brisbane, 19-22 September.

Magdol L., Moffitt T., Caspi A., Newman D., Fagan J. and Silva P. 1997, Gender differences in partner violence in a birth cohort of 21-year-olds: bridging the gap between clinical and epidemiological approaches, *Journal of Consulting and Clinical Psychology*, *65(1)*, 68-78.

Maker, A.H., Kemmelmeier, M. and Peterson, C. 1998, Long-term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood, *Journal of Interpersonal Violence, 13(5)*, 574-589.

Marans, S. and Adelman, A. 1997, Experiencing violence in a developmental context, in J.D. Osofsky (ed.) *Children in a Violent Society,* Guilford Press, New York, pp. 202-223.

Margolin, G., 1981, Behavior exchange in happy and unhappy marriages: a family cycle perspective, *Behavior Therapy, 12(3)*, 329-343.

Margolin, G. 1998a, Effects of domestic violence on children, in. P.K. Trickett and C.J. Schellenbach (eds) *Violence Against Children in the Family and the Community*, American Psychological Association, Washington D.C., pp. 57-102.

Margolin, G. 1998b, Effects of domestic violence on children, in P.K. Trickett and C.J. Schellenbach (eds) *Advances in Family Intervention, Assessment and Theory (Vol. 2)*, JAI Press: Greenwich, CT.

Margolin, G., Christensen, A., and John, R. 1996, The continuance and spillover of everyday tensions in distressed and nondistressed families, *Journal of Family Psychology*, *10*, 304-321.

Margolin, G. and Gordis, E.B. 2000, The effects of family and community violence on children, *Annual Reviews Psychology*, *51*, 445-479.

Margolin, G., Oliver, P.H. and Medina, A.M. 2001, Conceptual issues in understanding the relation between interparental conflict and child adjustment: integrating developmental psychopathology and risk/resilience perspectives, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development*: *Theory, Research and Application*, Cambridge University Press, Cambridge, pp. 9-38.

Markman, M. 1981, Prediction of marital distress: a 5 year follow-up, *Journal of Consulting and Clincial Psychology, 49(5)*, 760-762.

Marsiglio, W., Day, R. and Lamb, M. 2000, Exploring fatherhood diversity: implications for conceptualizing father involvement, *Marriage and Family Review, 29(4)*, 269-293.

Martin, H. 1976, The environment of the abused child, in H. Martin (ed.) *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*, Ballinger, Cambridge, MA.

Masten, A.S. and Coatsworth, D. 1998, The development of competence in favorable and unfavorable environments. *American Psychologist*, *53*, 205-220.

Masten, A.S., Garmezy, N., Tellegen, A., Pellegrini, D.S., Larkin, K. and

Larsen, A. 1988, Competence and stress in school children: the moderating effects of individual and family qualities, *Journal of Child Psychology and Psychiatry*, *29*, 745-764.

McCabe, L.A., Hernandez, M., Lara, S.L. and Brooks-Gunn, J. 2000, Assessing pre-schoolers' self-regulation in homes and classrooms: lessons from the field, *Behavioral Disorders 26(1)*, 53-69.

McCloskey, L.A., Figueredo, A.J. and Koss, M.P. 1995, The effects of systemic family violence on children's mental health, *Child Development, 66*, 1239-1261.

McCloskey, L.A. and Walker, M. 2000, Posttraumatic stress in children exposed to family violence and single-event trauma, *Journal of the American Academy of Child and Adolescent Psychiatry*, *39*, 108-115.

McCord, J. 1983, A 40 year perspective on effects of child abuse and neglect, *Child Abuse and Neglect, 7,* 265-270.

McDonald, R., and Jouriles, E.N. 1991, Marital aggression and child behavior problems: Research findings, mechanisms, and intervention strategies, *The Behavior Therapist, 14*, 189-192.

McGee, C. 2001, *Childhood Experiences of Domestic Violence (2nd edn.)*, Jessica Kingsley Publishers, London.

McGuigan, W. and Pratt, C. 2001, The predictive impact of domestic violence on three types of child maltreatment, *Child Abuse and Neglect*, *25*, 869-883.

McKay, M.M. 1994, The link between domestic violence and child abuse: assessment and treatment considerations, *Child Welfare, 73(1)*, 29-39.

McLoyd, V., Hill, N. and Dodge, K. (eds) 2001, *African American Family Life*, Guilford Press, New York.

Melnick, B. and Hurley J. 1969, Distinctive personality attributes of child-abusing mothers, *Journal of Consulting Clinical Psychology, 33*, 746-749.

Meltzer H., Lader, D., Corbin, T., Goodman, R. and Ford, T. 2000, *Mental Health of Children and Adolescents in Great Britain*, The Stationery Office, London.

Miller, N.B., Cowan, P.A., Cowan, C.P., Hetherington, E.M. and Clingempeel, W.G. 1993, Externalising in pre-schoolers and early adolescents: a cross-study replication of a family model, *Developmental Psychology*, *29*, 3-18.

Milner, J.S. and Crouch, J.L. 1999, Child physical abuse: theory and research, in R.L. Hampton (ed.) *Family Violence: Prevention and Treatment,* Sage, Newbury Park, pp. 33-65.

Minuchin, P. 1992, Conflict and child maltreatment, in C.U. Shantz and W.W. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge University Press, Cambridge, pp. 380-401.

Minuchin, P. 1995, Conflict and child maltreatment, in C.U. Shantz and W.H. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge Studies in Social & Emotional Development, New York, pp. 380-401.

Minuchin, S. 1974, *Families and Family Therapy*, Havard University Press, Cambridge, MA.

Mirrlees-Black, C. 1995, *Estimating the Extent of Domestic Violence: Findings from the 1992 BCS*, Home Office Research Bulletin, No. 37, Home Office, London.

Mirrlees-Black, C. 1999, *Domestic Violence: Findings from a New British Crime Survey Self-completion Questionnaire*, Home Office Research Study 191, Information and Publications Group, London.

Moffitt, T.E. and Caspi, A. 2003, Preventing the intergenerational continuity of antisocial behaviour: implications of partner violence, in D.P. Farrington and J.W. Coid (eds) *Early Prevention of Adult Antisocial Behaviour*, Cambridge University Press, Cambridge, pp. 109-129.

Moffitt, T.E and Scott, S. 2008, Conduct Disorders of Childhood and Adolescence, in Rutter, M., Bishop, D., Pine, D., Scott, S., Stevenson, J., Taylor, E. and Thapar A (eds) *Rutter's Child and Adolescent Psychiatry*, 5th Edition. Blackwell Publishers, London, pp. 543-564.

Mohr, W.K., Noone Lutz, M.J., Fantuzzo, J.W. and Perry, M.A. 2000, Children exposed to family violence: a review empirical research from a developmental-ecological perspective, *Trauma, Violence and Abuse, 1(3)*, 264-283.

Montemayor, R. 1986, Family variation in parent-adolescent storm and stress, *Journal of Adolescent Research*, *1*, 15-31

Montemayor, R. and Hanson, E. 1985, A naturalistic view of conflict between adolescents and their parents and siblings, *Journal of Early Adolescence, 5(1)*, 21-30.

Moos, R.H. and Moos, B.S. 1976, A typology of family social environments, *Family Process*, *15(4)*, 357-371.

Moreau, M.A., Cardemil, E.V. and O'Donnell, E.H. 2005, Interparental conflict and child adjustment: the role of extended family support in a diverse, low-income sample, Poster presented at the SRCD Biennial Conference in Atlanta, April.

Morgan, J. and Zedner, L. 1992, *Child Victims: Crime, Impact, and Criminal Justice*, Oxford University Press, Oxford.

Morpeth, L. 2004, *Organization and Outcomes in Children's Services*, Unpublished PhD Thesis, University of Exeter.

Morrow, V. and Richards, M. 1996, The ethics of social research with children: an overview, *Children and Society*, *10*, 90-105.

Mueller, E. and Silverman, S. 1989, Peer relations in maltreated children, in D. Cicchetti and V. Carlson (eds) *Child Maltreatment*, Cambridge University Press, Cambridge.

Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L. 2003, *Children's Perspectives on Domestic Violence*, Sage, London.

National Crime Council 2005, *Domestic Abuse of Women and Men in Ireland: report on the National Study of Domestic Abuse*, Stationery Office, Dublin.

NCJFCJ (National Council of Juvenile and Family Court Judges) 1998, *Family Violence: Emerging Programs for Battered Women and their Children.* NCJFCJ, Reno, NV.

Newberger, E.H., McKibben, L. and De Vos, E. 1989, Victimization of mothers of abused children: a controlled study, *Pediatrics, 8(3)*, 531-535.

Newberger, C.M. and White, K.M. 1989, Cognitive foundations for parental care, in D. Cicchetti and V. Carlson (eds) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect,* Cambridge University Press, New York, pp. 302-316.

Nichols, M.P. and Schwartz, R.C. 2001, *Family Therapy: Concepts and Methods,* Allyn & Bacon, Boston.

Nobes, G. and Smith, M. 1997, Physical punishment of children in two parent families, *Journal of Clinical Child Psychology and Psychiatry*, *2*, 271-287.

Nobes, G., Smith, M., Bee, P. and Heverin, A. 1999, Physical punishment by mothers and fathers in British homes, *Journal of Interpersonal Violence*, *14(8)*, 887-902.

Nutley, S.M., Davies, H.T.O. and Walter, I. 2003, *Conceptual Synthesis 2: Learning from Knowledge Management*, Research Unit for Research Utilisation, St. Andrews.

Oakley, A. and Roberts, H. 1996, *Evaluating Social Interventions,* Barnardos, Barkingside.

O'Brien, M., John, R.S., Margolin, G. and Erel, O. 1994, Reliability and diagnostic efficacy of parents' reports regarding children's exposure to marital aggression, *Violence and Victims*, 9, 45-62.

O'Brien, M., Margolin, G. and John, R.S. 1995, Relation among marital conflict, child coping and child adjustment, *Journal of Clinical Child Psychology*, *24*, 346-361

Offord, D. and Bennett, K.J. 2000, Prevention, in M. Rutter and E. Taylor (eds) *Child and Adolescent Psychiatry: Modern Approaches (4th edn.)*, Blackwell, Oxford.

O'Keefe, M. 1994, Linking marital violence, mother-child/father-child aggression, and child behaviour problems, *Journal of Family Violence*, *9(1)*, 63-78.

O'Keefe, M. 1995, Predictors of child abuse in maritally violent families, *Journal of Interpersonal Violence*, *10*, 3-25.

O'Keefe, M. 1996, The differential effects of family violence on adolescent adjustment, *Child and Adolescent Social Work Journal*, *13*, 51-68.

O'Leary, K.D., and Emery, R.E. 1984, Marital discord and child behavior problems, in M.D. Levine and R. Satz (eds) *Developmental Variation and Dysfunction,* Academic Press, New York, pp. 345-364.

Olds, D.L. Kitzman, H. and Cole, R., 2004, Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial, *Pediatrics, 114(6)*, 1550-1559.

Oliver, J.E. 1983, Intergenerational transmission of child abuse: Rates, research, and clinical implications, *American Journal of Psychiatry, 150*, 1315-1324.

Olson, D.H. and Gorall, D.M 2003, Circumplex model of marital and family systems, in F. Walsh (ed.) *Normal Family Processes (3rd edn.)*, Guilford, New York, pp. 514–547.

Olweus, D. 1991, Bully/victim problems among schoolchildren: basic facts and effective intervention, *Aggressive Behavior, 19(1)*, 6-16.

Olweus, D. 2004, The Olweus Bullying Prevention Project: design and implementation issues and a new national initiative in Norway, in P.K. Smith, D. Pepler and K. Rigby (eds) *Bullying at Schools: How Successful Can Interventions Be?* Cambridge University Press, Cambridge, pp. 13-36.

Ooms, T. 2001, Policy responses to couple conflict and domestic violence: a framework for discussion, in A. Booth, A.C. Crouter and M. Clements (eds), *Couples in Conflict*, Lawrence Earlbaum Associates, London, pp. 241-254.

Orford, J. 1986, The rules of interpersonal complementarity: does hostility beget hostility and dominance, submission?, *Psychological Review*, *93*, 365-377.

Osborne, L.N. and Fincham, F.D. 1996, Marital conflict, parent-child relationships, and child adjustment: Does gender matter? *Merrill-Palmer Quarterly, 42*, 48-75.

Osofsky, J.D. 1998, Children as invisible victims of domestic and community violence, in G.W. Holden, R. Geffner, and E.N. Jouriles, (eds), *Children Exposed to Marital Violence: Theory, Research, and Intervention*, American Psychological Association, Washington DC, pp. 95-120.

Osofsky, J.D. 2003, Prevalence of children's exposure to domestic violence and child maltreatment: implications for prevention and intervention, *Clinical Child and Family Psychology Review*, *6(3)*, 161-170.

Osofsky, J.D. and Pruett, K.D. 2004, *Young Children and Trauma: Intervention and Treatment,* Guilford Press, New York.

Owen, M.T. and Cox, M.J. 1997, Marital conflict and the development of infant-parent attachment relationships, *Journal of Family Psychology, 11(2)*, 152-164.

Pagelow, M.D. 1982a, Children in violent families: direct and indirect victims, in S. Hill and B.J. Barnes (eds) *Young Children and their Families: Needs of the Nineties, Lexington Books*, Landham, MD.

Pagelow, M.D. 1982b, Adult victims of domestic violence, *Journal of Interpersonal Violence*, *7(1)*, 87-120.

Parish, T.S. and Taylor, J.C. 1979, The impact of divorce and subsequent father absence on children's and adolescents' self-concepts, *Behavioral Science, 8(4)*, 427-432.

Patterson, G.R. 1982, *A Social Learning Approach. 3: Coercive Family*

Process, Castalia, Eugene, Oregon.

Pearson, J. and Thoennes, N. 1984, Mediating and litigating custody disputes: a longitudinal evaluation, *Family Law Quarterly, 17(4)*, 497-524.

Pedro-Carroll, J.L. and Cowen, E.L. 1985, The Children of Divorce Intervention Program: an investigation of the efficacy of a school-based prevention program, *Journal of Clinical Consulting Psychology, 53*, 603-611.

Peled, E. 2001, Ethically sound research on children's exposure to domestic: a proposal, in S.A. Graham-Bermann and J.F. Edleson (eds) *Domestic Violence in the Lives of Children*, American Psychological Association, Washington DC.

Pelton, L.H. 1994, The role of material factors in child abuse and neglect, in G.B. Melton and F.D. Barry (eds) *Protecting Children from Abuse and Neglect: Foundations for a New National Strategy*, Guildford Press, New York, pp. 131-181.

Penn, H. and Gough, D. 2002, The price of a loaf of bread: some conceptions of family support, *Children and Society, 16*, 17-32.

Perry, D.G., Perry, L.C. and Kennedy, E. 1992, Conflict and the development of antisocial behaviour, in C.U. Shantz and W.W. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge University Press, New York.

Rutter, M., and Pickles, A. 1991, Person-environment interactions: concepts, mechanisms and implications for data analysis, in T.D. Wachs and R. Plomin (eds) *Conceptulization and Measurement of Organism-environment Interaction,* American Psychological Association, Washington DC.

Pizzey, E. 1977, *Scream Quietly or the Neighbours Will Hear*, edited by Alison Forbes, R. Enslow Publishers, London.

Porter, B. and O'Leary, K.D. 1980, Marital discord and childhood behaviour problems, *Journal of Abnormal Child Psychology, 8*, 287-295.

Putallaz, M., Costanzo, P. R., Grimes, C. L., and Lipton, D. 1998, Intergenerational continuities and their influences on children's social development, *Social Development*, 7, 389-427.

Pynoos, R.S. 1993, Traumatic stress and developmental psychopathology in children and adolescents, in J. Oldham and M. Riba (eds) *American Psychiatric Press Review of Psychiatry*, American Psychiatric Press, Arlington, VA.

Raine, A., Brennan, P.A., Farrington, D.P. and Mednick, S.A. 1994, *Biosocial Bases of Violence*, Plenum Press, New York.

Rees, G. and Stein, M. 1999, *The Abuse of Adolescents Within the Family*, NSPCC, London.

Richards, M.M. 1974, *The Integration of a Child into a Social World*, Cambridge University Press, Cambridge.

Richters, J.E. and Martinez, P. 1990, *Things I Have Seen and Heard: An Interview for Young Children About Exposure to Violence,* Unpublished manuscript, Child and Adolescent Disorders Research Branch, National Institute of mental Health, Rockville, MD.

Richters, J.E. and Martinez, P. 1991, The NIMH community violence project: I. children as victims of and witnesses to violence, *Psychiatry*, *56*, 7-21.

Richters, J.E. and Martinez, P. 1993, The NIMH community violence project: II. children's distress symptoms associated with violence exposure, *Psychiatry, 56*, 22-35.

Riesch, S., Jackson, N.M., and Chanchong, W. 2003, Communication approaches to parent-child conflict: young adolescence to young adult, *Journal of Pediatric Nursing*, *18(4)*, 244-256.

Rogers, M.J. and Holmbeck, G.N. 1997, Effects of interparental aggression on children's adjustment: the moderating role of cognitive appraisal and coping, *Journal of Family Psychology*, *11*, 125-130.

Rohner, R.P. 1984, Toward a conception of culture for cross-cultural psychology, *Journal of Cross-Cultural Psychology, 15(2)*, 111-138.

Rose, G. 1985, Sick individuals and sick populations, *International Journal of Epidemiology, 14(1)*, 32–38.

Rose, G. 1992, *The Strategy of Preventive Medicine*, Oxford University Press, Oxford.

Rosenberg, M.S. 1984, *The Impact of Witnessing Interparental Violence on Children's Behaviour, Perceived Competence and Social Problem Solving Abilities*, Unpublished Doctoral Dissertation, University of Virginia, Charlottesville, VA.

Rosenberg, M.S. 1987, New directions for research on the psychological maltreatment of children, *American Psychologist, 42(2)*, 166-171.

Rosenstock, F. and B. Kutner, B. 1967, Alienation and family crisis, *Sociological Quarterly*, *8*, 397-405.

Rossman, B. 2001, Longer term effects of children's exposure to domestic violence, in S. Graham-Bermann (ed.), *Domestic Violence in the Lives of Children*, American Psychological Association, Washington, DC, pp. 35–65.

Rossman, B., Hughes, H.M., and Rosenberg, M.S. 2000, *Children and Interparental Violence: The Impact of Exposure*, Taylor and Francis, Philadelphia.

Rossman, B. and Rosenberg, M.S. 1992, Family stress and functioning in children: The moderating effects of children's beliefs about their control over parental conflict, *Journal of Child Psychology and Psychiatry, 33*, 699–715.

Russell, A. and Finnie, O.C. 1990, Preschool children's social status and maternal instructions to assist group entry, *Developmental Psychology, 26(44)*, 603-611.

Rutter, M. 1972, *Maternal Deprivation Re-assessed,* Harmondsworth, Penguin.

Rutter, M. 1987, Psychosocial resilience and protective mechanisms, *American Journal of Orthopsychiatry, 57*, 317-331.

Rutter, M. 1988, Functions and consequences of relationships: some psychopathological considerations, in R. Hinde and J. Stevenson-Hinde (eds) *Relationships within Families: Mutual Influences*, Clarendon Press, Oxford, pp. 332-353.

Rutter, M. 1989, Pathways from childhood to adult life, *Journal of Child Psychology and Psychiatry, 30*, 23-51.

Rutter, M. 1990, Psychosocial resilience and protective mechanisms, in J. Rolf, A.S. Masten, D. Cicchetti, K.H. Neuchterlein and S. Weintraub (eds), *Risk and Protective Factors in the Development of Psychopathology*, Cambridge University Press, Cambridge, 181-214.

Rutter, M. 1994, Family discord and conduct disorder: cause, consequence, or correlate? *Journal of Family Psychology*, *8*, 170-186.

Rutter, M. 1997, Nature-nurture integration: the example of antisocial behavior, *American Psychologist*, *52(4)*, 390-398.

Rutter, M. and Taylor, E. 2002, *Child and Adolescent Psychiatry (4th edition)*, Blackwell Publishing, Oxford.

Rutter, M. and Quinton, D. 1985, Parental psychiatric disorder: effects on children, *Psychological Medicine*, *14(4)*, 853-880.

Rutter, M., Giller, H. and Hagell, A. 1998, *Anti-social Behavior by Young People*, Blackwell, Oxford.

Rutter, M., Yule, B., Quinton, D., Rowlands, S.A., Yule, W. and Berger, M. 1975, Attainment and adjustment in two geographical areas – III: some factors accounting for area differences, *British Journal of Psychiatry*, *126*, 520-533.

Salzinger, S., Feldman, R.S., Hammer, M. and Rosario, M., 1992, Constellations of family violence and their differential effects on children's behavioral disturbance, *Child & Family Behavior Therapy*, *14*, 23–41.

Sameroff, A.J. 1995, General systems theories and developmental psychopathology, in D. Cicchetti and D. Cohen (eds) *Developmental Psychopathology (Vol. 1)*, Wiley, New York, pp. 659-695.

Sampson, R.J. 1991, Linking the micro- and multi-level dimensions of community social organization, *Social Forces, 70(1)*, 43-64.

Sampson, R.J. 2003, The neighborhood context of well being, *Perspectives in Biology and Medicine, 46 (3),* S53-S64.

Sampson, R.J., Raudenbush, S.W., Earls, F. 1997, Neighborhoods and violent crime: a multilevel study of collective efficacy, *Science, 277*, 918-924.

Sanders, M., Matthew R., Tully, L.A., Turner, K. M. 2003, Training GPs in parent consultations skills: an evaluation of training for the Triple P-Positive Parenting Program, *Australian Family Physician*, *32(9)*, 763-768.

Scanzoni, J. 1972, Marital conflict as a positive force, J. Scanzoni (ed.), *Sexual Bargaining*, Englewoodcliffs, NJ, Prentice Hall.

Schwartz, D., Dodge, K.A., and Pettit, G.S. 2000, Friendship as a moderating factor in the pathway between early harsh environment and later victimization in the peer group, *Development and Psychopathology, 36(5)*, 646-662.

Schwartz, D., McFadyen-Ketchum, S.A., and Dodge, K.A. 1998, Peer group victimization as a predictor of children's behavior problems at home and in school, *Development and Psychopathology, 10(1)*, 87-99.

Schweinhart, L.J. And Weikart, D.P. 1993, Success by empowerment: the High Scope Perry Preschool study through age 27, *Young Children, 49(1)*, 54-58.

Shantz, C.U. 1987, Conflicts between children, *Child Development*, *58*, 283-305.

Shantz, C.U. and Hartup, W.W. 1992, Conflict and development, in C.U. Shantz and W.W. Hartup (eds) *Conflict in Child and Adolescent Development*, Cambridge University Press, New York.

Shipman, K.L., Rossman, B.B.R. and West, J.C. 1999, Co-occurrence of spousal violence and child abuse: conceptual implications, *Child Maltreatment*, *4(2)*, 93-102.

Shochet, I.M., Dadds, M.R., Holland, D., Whitefield, K., Hartnett, P. and Osgarby, S. 1998, Short-term effects of a universal school-based program to prevent adolescent depression: A controlled trial. Unpublished paper.

Sidebotham, P. and the ALSPAC Study Team 2001, Culture, stress and the parent-child relationship: a qualitative study of parents' perceptions of parenting, *Child: Care, Health and Development*, *27(6)*, 469-485.

Sidebotham, P., Heron, J., and the ALSPAC Study Team 2006, Child maltreatment in the 'children of the nineties': A cohort study of risk factors, *Child Abuse and Neglect, 30(5),* 497-522.

Silver, E.J., Bauman, L.J. And Ireys, H.T. 1995, Relationships of self-esteem and efficacy to psychological distress in mothers of children with chronic physical illnesses, *Health Psychology, 14(4)*, 333-340.

Silvern, L., Karyl, J., Waelde, L., Hodges, W.F., Starek, J., Heidt, E. and Min, K. 1995, Retrospective reports of parental partner abuse: relationships to depression, trauma symptoms and self-esteem among college students., *Journal of Family Violence*, *10(6)*, 177-201.

Simmil, G. 1955, *Conflict and the Web of Group Affiliations*, Free Press, Glencoe, IL.

Sirkin, M. R. 1999, *Statistics for the Social Sciences (2nd edn.)*, Sage Publications, London.

Sloper, P. 2004, Facilitators and barriers for co-ordinated multi-agency services, *Child: Care, Health and Development, 30(6)*, 571-580.

Small, S. and Supple, A. 2001, Communities as systems: is a community more than the sum of its parts?, in A. Booth and A. Crouter (ed) *Does It Take a Village?* Community effects on Children, Adolescents and Families, Routledge, New York, pp. 161-174.

Smedje, H., Broman, J-E, Hetta, J. and von Knorring, A-L. 1999, Psychometric properties of a Swedish version of the Strengths and Difficulties Questionnaire, *European Child & Adolescent Psychiatry, 8(2)*, 63-70.

Smith, C. and Thornberry, T.P. 1995, The relationship between childhood maltreatment and adolescent involvement in delinquency, *Criminology*, *33(4)*, 451-481.

Spinetta, J.J. and Rigler, D. 1972, Child-abusing parent, *Psychological review, 77(4)*, 296-307.

Sprey, J. 1969, Family as a system in conflict, *Journal of Marriage and the Family, 31(4)*, 699-706.

Sternberg, K.J. 2005, Adolescents' perceptions of attachments to their mothers and fathers in families with histories of domestic violence: a longitudinal perspective, *Child Abuse and Neglect*, *29*, 853-869.

Sternberg, K.J., Lamb, M.E., Greenbaum, C., Cicchetti, D., Dawud, S., Cortes, R.M., Krispin, O., and Lorey, F. 1993, Effects of domestic violence on children's behavior problems and depression, *Developmental Psychology, 29*, 44–52.

Sternberg, K.J., Lamb, M.E. and Guterman, E. 2005, Age, gender, and type of abuse differences in the effects of family violence on children's behavior problems: a mega-analysis, Poster presented at the SRCD Biennial Conference in Atlanta, 7-10 April 2005.

Stolberg, A.L. and Mahler, J. 1994, Enhancing treatment gains in a school-based intervention for children of divorce through skill training, parental involvement, and transfer procedures, *Journal of Consulting and Clinical Psychology, 62(1)*, 147-156.

Straus, M.A. 1974, Leveling, civility and violence in the family, *Journal of Marriage and the Family*, *36*, 13-29.

Straus, M.A. 1979, Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales, *Journal of Marriage and the Family*, *41*, 75-88.

Straus, M.A. 1990a, Ordinary violence, child abuse, and wife beating: what do they have in common?, in M.A. Straus and R.J. Gelles (eds) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in Families*, Transaction Publishers, New Brunswick, NJ, pp. 403-424.

Straus, M.A. 1990b, The Conflict Tactics Scales and its critics: an evaluation and new data on validity and reliability, in M.A. Straus and R.J. Gelles (eds) *Physical Violence in American Families: Risk Factors and Adaptations to*

Violence in Families, Transaction Publishers, New Brunswick, NJ, pp. 49-74.

Straus, M.A. 1990c, The national family violence surveys, in M.A. Straus and R.J. Gelles (eds) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in Families*, Transaction Publishers, New Brunswick, NJ, pp. 3-16.

Straus, M.A. 1992, Children as witnesses to marital violence: a risk factor of lifelong problems among a nationally representative sample of American men and women, in D.F. Schwarz (ed.) *Children and Violence: Report of the Twenty Third Ross Roundtable on Critical Approaches to Common Pediatric Problems*, Ross Laboratories, Colombus, OH.

Straus, M.A. 1993, Is corporal punishment by parents abusive? in E. Gambrill and M.A. Mason (eds) *Children and Adolescents: Controversial Issues*, Sage, Thousand Oaks, CA.

Straus, M.A. 2007, Dominance and symmetry in partner violence by male and female university students in 32 Nations, *Children and Youth Services Review, 30*, 252-275.

Straus, M.A. 2008, Dominance and symmetry in partner violence by male and female university students in 32 nations, *Children and Youth Services Review, 30*, 252-275.

Straus, M.A. and Field, C. 2003, Psychological aggression by American parents: national data on prevalence chronicity, and severity, *Journal of Marriage and the Family*, *65(4)*, 795-808.

Straus, M.A. and Gelles, R.J. 1986, Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys, *Journal of Marriage and the Family*, *48*, 465-479.

Straus, M.A. and Gelles, R.J. 1990, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in Families*, Transaction Publishers, New Brunswick, NJ.

Straus, M.A. and Gelles, R.J. with Smith, C. 1999, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families,* Transaction Publishers, New Brunswick, NJ.

Straus, M. and Hamby, S. 1997, Measuring physical and psychological maltreatment of children with the Conflict Tactics Scales, in G. Kaufman Kantor and J.L. Jasinski (eds) *Out of the Darkness: Contemporary Perspectives on Family Violence*, Sage Publications, Thousands Oaks, pp. 119-135.

Straus, M.A., and Mouradian, V.E. 1998, Impulsive corporal punishment by mothers and anti-social behavior and impulsiveness of children, *Behavioural Sciences and the Law, 16(3)*, 353-374.

Straus, M.A. and Paschall, M.J. 2007, Corporal punishment by mothers and children's cognitive development: a longitudinal study of two age cohorts, in M.A. Straus, (ed.) T*he Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime*, AltaMira Press, Walnut Creek, CA.

Straus, M.A. and Savage, S.A. 2005, Neglectful behavior by parents in the life history of university students in 17 countries and its relation to violence against dating partners, *Child Maltreatment, 10(2)*, 124-135

Straus, M.A., and Stewart, J.H. 1999, Corporal punishment by American parents: national data on prevalence, chronicity, severity, and duration, in relation to child, and family characteristics, *Clinical Child and Family Psychology Review, 2*, 55-70.

Straus, M.A. and Yllo, K. 1981, Interpersonal violence among married and cohabiting couples, *Family Relations, 30*, 339-345.

Straus, M.A. and Yodanis, C.L. 1996, Corporal punishment in adolescence and physical assaults on spouses in later life: What accounts for the link?, *Journal of Marriage and the Family, 58(4)*, 825-841.

Straus, M.A., Gelles, R.J. and Steinmetz, S.K. 1980, *Behind Closed Doors*, Anchor Press/Doubleday, New York.

Straus, M.A, Gelles, R.J. and Smith C. 1999, *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, Transaction Publishers, New Brunswick, NJ.

Straus, M.A., Hamby, S.L., and Finkelhor, D. 1998, Identification of child maltreatment with the parent-child conflict tactics scales: Development and psychometric data for a national sample of American parents, *Child Abuse and Neglect, 22(4)*, 249-270.

Straus, M.A., Hamby, S.L., Boney-McCoy, S. and Sugarman, D.B. 1996, The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data, *Journal of Family Issues, 17(3)*, 283-316.

Sugarman, D.B. and Hotaling, G.T. 1996, Intimate violence and social desirability: a meta-analytic review, *Journal of Interpersonal Violence, 12(2)*, 275-290.

Tajima, E.A. 2004, Correlates of the co-occurrence of wife abuse and child abuse among a representative sample, *Journal of Family Violence*, *19(6)*,

399-410.

Taylor, S.P. and Leonard, K.E. 1983, Alcohol and human physical aggression, in R.G. Geen and E.I. Donnerstein (eds) *Aggression: Theoretical and Empirical Reviews, Vol. 2: Issues in Research*, Academic Press, San Diego, CA, pp. 77-101.

Ting-Toomey, S. 1988, Intercultural conflicts: A face-negotiation theory, in Y. Kim and W. Gudykunst (eds.), *Theories in Intercultural Communication, Sage,* Newbury Park, CA, pp. 213-235.

Ting-Toomey, S., Gao, G., Trubisky, P., Yang, Z., Kim, H.S., Lin, S. L., and Nishida, T. 1991, Culture, face maintenance, and styles of handling interpersonal conflict: a study in five cultures, *The International Journal of Conflict Management, 2,* 275-296.

Trickett, P.K. 1997, Sexual and physical abuse and the development of social competence, in S.S. Luther, J.A. Burack, D. Cicchetti., and J.R. Weisz (eds) *Developmental Psychopathology: Perspectives on Adjustment, Risk, and Disorder*, Cambridge University Press, New York.

Trickett, P.K. and McBride-Chang, C. 1995, The developmental impact of different forms of child abuse and neglect, *Developmental Review, 15(3)*, 311-337.

Trickett, P.K., and Schellenbach, C.J. (eds) 2000, *Violence Against Children in the Family and the Community*, American Psychological Association, Washington D.C.

Tunstill, J. 1997, Family support clauses of the 1989 Children Act, in N. Parton, (ed.), *Child Protection And Family Support: Tensions, Contradictions And Possibilities*, Routledge, London, pp. 39-58.

Turner, C.M. and Dadds, M.R. 2001, Clinical prevention and remediation of child adjustment problems, in J.H. Grych and F.D. Fincham (eds) *Interparental Conflict and Child Development: Theory, Research and Applications*, Cambridge University Press, New York, pp. 387-416.

UNICEF 2003, *A League Table of Child Maltreatment Deaths in Rich Nations*, Innocenti Report Card, Issue No. 5, September, UNICEF Innocenti Research Centre, Florence.

Vinson, T., Baldry, E., and Hargreaves, J., 1996, Neighbourhoods, networks and child abuse, *British Journal of Social Work, 26(4)*, 523-543.

Vissing, Y.M., Straus, M.A., Gelles, R.J., and Harrop, J.W. 1991, Verbal aggression by parents and psychosocial problems of children, *Child Abuse*

and Neglect, *15*, 223-238.

Vogel E.F. and Bell, N.W. 1960, The emotionally disturbed child as a family scapegoat, in N.W. Bell and E.F. Vogel (eds) *The Family*, The Free Press, New York.

Walker, L.E. 1984, *The Battered Woman Syndrome*, Springer Publishing Company, New York.

Wasserstein, S.B., and LaGreca, A.M. 1996, Can peer support buffer against behavioral consequences of parental discord, *Journal of Clinical Child Psychology, 25(2)*, 177-182.

White, S. and Featherstone, B. 2005, Communicating misunderstandings: multi-agency work as social practice, *Child and Family Social Work, 10(3)*, 207-217.

Widom, C.S. and Shepard, R.L. 1996, Accuracy of adult recollections of childhood victimization: Part 1 childhood physical abuse, *Psychological Assessment, 8(4)*, 412-421.

Wiles, R., Crow, G., Charles, V. and Heath, S. 2004, Informed consent and the research process: Following rules or striking balances? *Sociological Research Online*,*12(2)*, <http://www.socresonline.org.uk/12/2/wiles.html>.

Windle, M. 1992, A longitudinal study of stress buffering for adolescent problem behaviors, *Developmental Psychology, 28(3)*, 522-530.

Wolak, J. and Finkelhor, D. 1998, Children exposed to partner violence, In J.L. Jasinski and L.M. Williams (eds) *Partner Violence: A Comprehensive Review of 20 Years of Research*, Sage Publications, Thousand Oaks, CA, pp. 73-112.

Wolfe, D.A. 1987, *Child Abuse: Implications for Child Development and Psychopathology*, Sage, Newbury Park, CA.

Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A. and Jaffe, P.G. 2003, The effects of children's exposure to domestic violence: a meta-analysis and critique, *Clinical Child and Family Psychology Review*, *6(3)*, 171-187.

Wolfe, D.A., and Jaffe, P.G. 1999, Emerging strategies in the prevention of domestic violence, *Future of Children*, *9(3)*, 133-144.

Wolfe, D.A. and Jaffe, P.G. 2001, Prevention of domestic violence: emerging initiatives, in S.A. Graham-Bermann and J. Edleson (eds) *Domestic Violence*

in the Lives of Children: The Future of Research, Intervention and Social Policy, American Psychological Association, Washington, DC, 283-298.

Wolfe and McGee, R. 1994, Dimensions of child maltreatment and their relationship to adolescent adjustment, *Development and Psychopathology, 6(1)*, 165-181.

Wolfe, D.A., Wekerle, C. and Reitzel-Jaffe, D. 1998, Factors associated with abusive relationships among maltreated and nonmaltreated youth, *Development and Psychopathology, 10(1)*, 61-85.

World Health Organisation (WHO) 1993, 'Violence: A Matter of Health', *World Health, 46(1)*, 3-31.

World Health Organization (WHO) 2002, *The World Health Report 2002: Reducing Risks, Promoting Healthy Life*, WHO, Geneva.

Yllo, K.A. 1993, Through a feminist lens: gender, power, and violence, in R.J. Gelles and D.R. Loseke (eds) *Current Controversies on Family Violence*, Sage, Newbury Park, CA, pp. 47-62.

Zielinski, D.S. and Bradshaw, C.P. 2006, Ecological influences on the sequelae of child maltreatment: a review of the literature, *Child Maltreatment*, *11(1)*, 49-62.

Zimet, D.M. and Jacob, T. 2001, Influences of marital conflict on child adjustment: review of theory and research, *Clinical Child and Family Psychology Review*, *4(4)*, 319-335.

APPENDICES

Appendix A: Measuring Neighbourhood Effects

The subject of 'community' has been the source for much debate in recent years, not least due to a lack of consensus around its definition. Researchers have argued that there is a real difference between the physical or geographic location surrounding a family (neighbourhood) and the social connections within it (community) (Small and Supple 2001). This distinction highlights the separate but connected importance of both the physical and social environment for children's development (Gephart 1997).

Two particular mechanisms have been proposed for how the community within which a child develops may affect them. The first, community social disorganisation, suggests that weak social networks, within a community, results in a lack of social cohesion (Sampson *et al.* 1997). This in turn is connected to a lack of social control in the community (e.g. an inability to curb youth misbehaviour) and social isolation amongst its members. The second mechanism concerns the quality and availability of resources within a community for assisting and supporting parents (ibid). It is suggested that high-risk communities may not have sufficient medical, mental health and social services resources needed by parents, or that resources that do exist may be overburdened.

A key question is whether community-level factors explain unique variance in children's outcomes once micro-level factors are controlled for. Measuring the influence of neighbourhoods and community contexts on children's development poses a number of challenges and difficulties, including how to define and measure the neighbourhood as a unit of analysis. While administrative boundaries are most commonly used to delineate groups for comparison, they do not necessarily capture boundaries or groupings as perceived by the residents within them (indeed many community connections may be located considerably distances from the geographical area). Mapping communities using resident's perceptions may provide models with greater explanatory power (see Coulton *et al.*,

2001). A second concern is the application of population-level administrative data (e.g. Census data) to a community. Freisthler and colleagues argue that 'these measures can only provide a static picture of neighbourhoods, which inadequately reflects how neighborhood structures and social processes exert their influence on a particular outcome' (2006: 275).

A branch of study – ecometrics (Raudenbush and Sampson, 1999) – is committed to studying the active processes within a community but also the dynamic nature of these processes. In outlining this field of enquiry, Raudenbush and Sampson (ibid) present a detailed plan for studying disorder in a neighbourhood. The methods enabled the authors to develop scales for measuring physical and social disorder, and it is proposed that these observational techniques could be applied to other social phenomenon such as child maltreatment (Freisthler *et al.*, 2006). These observations provide the qualitative enhancement to the rigorous research designs proposed by Duncan and Raudenbush (2001). They argue that the most effective way to study community effects is by means of a multi-site study where families are randomly assigned to particular contextual environments.

While this seems an implausible research design, it was achieved in a US housing study where low-income families were randomly selected to receive housing vouchers to re-locate to a more affluent residential area in the city of Chicago (Rosenbaum and Harris, 2001). While there were gains for the experiment group in terms of housing conditions and children's educational performance, the authors found that improvements to the economy generally underpinned a lack of significant difference between the control and experiment group on increased labour force participation. No measures of family violence were included in this particular study.

Since most studies are not funded with resource sufficient to achieve this kind of experimental research design, sophisticated statistical analyses may be relied upon using hierarchical linear modelling, which allows for

the unique effects of individual-, family- and community-level to be isolated (Duncan and Raudenbush, 2001). It is only in controlling confounding significant variables that the unique and direct impact of community levels factors can be understood. In this respect, a considerable challenge facing researchers interested in disentangling the effects of 'community' is the development of appropriate theory and hypotheses about why, when and how neighbourhood processes are implicated in children's development trajectories, and the relative contribution of these processes compared to more proximal factors or processes (see Diez-Roux, 2001).

Appendix B: The Dublin-wide Survey

The larger study onto which the Ph.D. study piggybacked sampled a population across the east region of Ireland, covered by three health boards or authorities (formerly known as the area covered by the East Regional Health Authority, now known as the Health Service Executive). Standard need audits have many strengths and offer important insights into the needs of children and families; they also have several recognised weaknesses, notably a reliance on data on service populations – those children and families already in contact with agencies (Axford *et al.*, 2004).

The aim of the Dublin-wide survey was to address these deficits and to generate high quality data about the needs and service-use of a representative sample of children and families in this area, with a view to informing local policy-making and practice change. The Dublin-wide study focused on families with one or more children resident in the household between the ages of zero and 17. The research design used a longitudinal research design, such that it would be possible to track children's development over time and examine changes to the pattern of children and families need. The design included collecting at least two waves of data, three years apart (2003 and 2006).

The study employed quota sampling methods and random route selection. Quota sampling is a form of stratified sampling where relative proportions of people are sampled from the population based on a set of specified criteria / quotas. Quota sampling is a non-probability (non-random) sampling method although, in the case of the present study, random route selection was used to reduce bias in the sampling. The random route method involves selecting an address at random from the sampling frame as a starting point. The interviewer is then given instructions to identify further addresses by taking alternate left- and right-hand turns at road junctions and calling at every nth address to screen for households that meet the quota controls. Ten sampling points were selected in each of the three health boards, with 10 interviews taking place in each sampling

point: (10 x 10) x 3 = 300. The sampling points were selected randomly from all Divisional Electoral Districts (DEDs) in the three health boards. Families were selected according to three quotas / criteria: (a) the type of family unit – traditional versus non-traditional; (b) social class (AB, C1, C2, DE); and (c) the age of the main grocery buyer (which is related to the age of the children) – Under 25; 25-34; 35-49; and 50+.

In each of the 300 households sampled, one respondent was chosen to complete the interview survey. The stipulation was that the respondent must be a main caregiver for at least one of the children in the household. Unsurprisingly, the majority of respondents were female (93%). Based on lessons about respondent's preferences learned from a small pilot study conducted, a survey company based in Dublin called Quota Search undertook the interviewing work. Parents or carers were interviewed in their homes by experienced and trained interviewers, who were all female and of Irish nationality. Each interview lasted approximately one hour. The main interview schedule was designed by researchers at the Dartington Social Research Unit and covered all areas of the lives of children and their families: living situation; family and social relationships; social and anti-social behaviour; physical and psychological health; and education and employment. There are also questions about statutory and voluntary services that the families had used and how helpful they were.

The majority of the questions were asked by the interviewer during the general interview, with the respondent answering verbally and the interviewer recording the response. Some of the more sensitive questions – for example about relationships, health and the treatment of children – were addressed in a self-completion booklet. This was returned to the interviewer in a sealed envelope. Bearing in mind the growing expectation that children are also consulted directly, a brief self-completion questionnaire for 11-17 year olds was also incorporated. This was completed if both the respondent (a parent or carer) and the child consented and if the child's reading ability was adequate. Young people were asked to complete the questionnaire in a separate room and to put

the completed questionnaire in a sealed envelope before returning it to the interviewer.

The larger sample consisted of 300 families (300 adult respondents) and accounted for 657 children, with an average of 2.2 children per household. The children were split largely equally between males (55%) and females (45%), and children were aged between zero and 17 years. 16 per cent of the sample were under the age of three years (n =107), with just over one-quarter (26%) in age groups three to six years (n = 167) and seven to ten years (n = 173). 21% of the sample were aged 11-14 years (n = 138), leaving 11% in the late adolescence (15 – 17 years) (n = 72). The average age of the children in the sample was eight years old, and all but four per cent of the children in the sample are described as of Irish nationality. The large majority also described themselves as of Roman Catholic religion (93 per cent). Social class was divided into 13 per cent AB, 26 per cent C1, 28 per cent C2, and 33 per cent DE. 70 per cent of the sample was of a traditional family type, that is married and living with their husband or wife. The remaining families are either single parents, cohabiting families or widowed / divorced. The majority of families the main grocery buyer was aged 35-47 (56%), with adults under 25 years the least represented (3%).

As mentioned above, the larger Dublin survey used quota sampling. Three quota controls were used to select the sample: social class; age of main grocery buyer; family unit type. The figures for the quota controls were taken from the Family Values Survey and the national quota controls for households with at least one child under the age of 15 years (derived from JNRR data).

Social class comprised: AB: 14 per cent; C1: 26 per cent; C2: 31 per cent; and DE: 29 per cent. This excludes farming households. The age of female main grocery buyer (related to the age of the children) comprised: Under 25: four per cent; 25-34: 33 per cent; 35-49: 57 per cent; 50+: six per cent. Finally, family unit type was broken down into traditional (married

and / or living with partner): 73 per cent and non-traditional (lone-parents): 27 per cent.

The process of weighting the cases followed five steps. In the first instance, frequencies were run on the first quota control variable (social class) for the sample. These were compared to the quota control figures. Weight one (wt1) was computed and was equal to the quota% / sample% for each category of the variable. The data was then weighted by wt1. In the second stage, frequencies were run on the second variable (age of main grocery buyer), with wt1 applied. Again, these were compared to quota controls and weight two (wt2) was computed, equal to the quota% / sample%. Third, weight three (wt3) was calculated, equal to wt1*wt2 and the data were then weighted by wt3. In the fourth step, frequencies were run for the final variable (family unit type). The same process was applied to create wt4. Weight five (wt5) was then calculated as equal to wt3*wt4. Finally, in stage five, the data were weighted by wt5. The final weighting variable ranged from 0.77 to 1.97, with a mean weight of 1.00 (SD = 0.16), suggesting that the sample did not differ markedly from the population controls.

Appendix C: Statistical Outliers

In the analysis described, there were four occasions when cases were removed because the children constituted statistical ‘outliers’. These are cases where the values of the cases are extremes and lie well out of the range of other grouped scores. The threshold for determining an outlier was a z-score (standardised score) of three or above, indicating that the case was three or more standard deviations from the sample mean. Unless removed from the analysis they have the potential to exert an excessive influence on the results of both correlation and regression analysis (Bryman and Cramer, 1997; Sirkin, 1999). It is suggested that the cause of these outliers may have been a misunderstanding of the measurement instrument instructions. All base figures shown in Table 1 include the outliers.

Appendix D: The Dublin-wide Survey Instrument

D.FAMILY AND SOCIAL RELATIONSHIPS

I would now like to ask you about how you find being a parent/carer and your relationship with the child[ren]. Most parents/carers have problems with their child[ren], but this doesn't mean they don't love them. Please answer these questions as honestly as you feel able.

D1	C1					C2					C3					C4					C5					C6				
Ask each question in turn from the list below and probe to establish which code applies. Would you say that… **READ OUT ⇓**	All of the time	sometimes	Rarely	never	Can't say	All of the time	sometimes	Rarely	never	Can't say	All of the time	sometimes	Rarely	never	Can't say	All of the time	sometimes	Rarely	never	Can't say	All of the time	sometimes	Rarely	never	Can't say	All of the time	sometimes	Rarely	never	Can't say
You really enjoy being [CHILD]'s parent/carer	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
You feel you can't cope with [CHILD]	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
You find it difficult to comfort or console [CHILD]	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
You say/do things that hurt [CHILD] and later regret it	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
You can help [CHILD] solve problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

D2	On the whole do you find [CHILD]… **READ OUT ⇓**	C1	C2	C3	C4	C5	C6
	Very easy to manage	1	1	1	1	1	1
	Quite easy to manage	2	2	2	2	2	2
	Quite difficult to manage	3	3	3	3	3	3
	Very difficult to manage	4	4	4	4	4	4
	It varies	5	5	5	5	5	5
D2a	Who is **mainly** responsible for disciplining [CHILD]? **PROBE TO PRE-CODES**						
	Respondent	1	1	1	1	1	1
	Partner (residing in household)	2	2	2	2	2	2
	Both respondent and partner	3	3	3	3	3	3
	Other parent (not resident in household)	4	4	4	4	4	4
	Other (e.g. grandparent, older siblings)	5	5	5	5	5	5
	Child is not disciplined	6	6	6	6	6	6

D2b	**IF APPLICABLE** I need to ask you now to fill in something from the self-completion booklet about [CHILD/REN]'s behaviour and how you / [PARTNER] deal with it. Please read the instructions given and then tick the relevant boxes. Please complete it for [CHILD] first and then on the next page for [CHILD] – **SEE GRID AND ADMINISTER SECTION A OF THE SELF-COMPLETION BOOKLET**

D8a	Over the past month have you had the following types of help from anyone? Include people both inside and outside the household. Over the past month have you….
D8b	**ASK FOR EACH CODED NO (2) AT D8a** Could you get this type of help if you needed it?
D8c	**ASK FOR EACH CODED YES (1) AT D8a** Who provided this type of help?

	D8 a		D8b		D8c
READ OUT ↓	Yes	No	Yes	No	Who provided help? ↓ ***(Record below)***
Been lent or given a sum of money more than €15	1	2	1	2	
Left your child[ren] with someone overnight	1	2	1	2	
Got a lift to an important appointment	1	2	1	2	
Had help with chores / maintenance (cleaning/gardening/ lifting etc)	1	2	1	2	
Talked to someone because you felt depressed	1	2	1	2	

D9a	Thinking of the list I have just read out, have you given help like this to anyone you know (besides close family) in the past month? What did you do? **IF YES, RECORD OPPOSITE ⇒**	No .....0 Yes.....1

D9b	Do you belong to or are you regularly involved in any religious or community groups (including attending church)? **IF YES, RECORD OPPOSITE ⇒**	No .....0 Yes.....1

E. HEALTH

I would now like to ask you about your health and the health of the other people living here.

E3	Do you or any **adult** member of the household have any long-term illness, health problem or disability which limit your/their daily activities or the work you/they can do? Include problems to do with old age.							
	Code yes/no for each adult ⇒	**A1**	**A2**	**A3**	**A4**	**A5**	**A6**	
	Yes	1	1	1	1	1	1	**Ask E4**
	No	2	2	2	2	2	2	**Go to E4a**

E4	Do they have an effect all or most of the time, or only some of the time?	**A1**	**A2**	**A3**	**A4**	**A5**	**A6**
	Yes, all or most of the time	1	1	1	1	1	1
	Yes, some of the time	2	2	2	2	2	2

E4a	Turning now to the self-completion booklet, I am going to give you a short list of statements about YOUR health. Please could you tick the boxes next to the statements that are true for you <u>today</u>. **ADMINISTER SECTION B OF CARER SELF-COMPLETION BOOKLET**

E5	Moving on to the children, over the <u>last 12 months</u> would you say [CHILD'S] health has been……**READ OUT**	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**
	Good	1	1	1	1	1	1
	Fairly good	2	2	2	2	2	2
	Not good	3	3	3	3	3	3

E6	Does [CHILD] have any long-term illness, health problem or disability that limits his/her daily activities?	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	
	Yes	1	1	1	1	1	1	**Ask E7**
	No	0	0	0	0	0	0	**Ask E7a**
E7	Does it / do they have an effect all or most of the time, or only some of the time?	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	
	Yes, all or most of the time	1	1	1	1	1	1	**Ask E7a**
	Yes, some of the time	2	2	2	2	2	2	**Ask E7a**
E7a	Has [CHILD] had an injury in the past year?	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	
	Yes	1	1	1	1	1	1	**Go to E7b**
	No	0	0	0	0	2	2	**Go to E7c**
E7b	What was this and how did it happen? **RECORD FREEHAND**							

E7c	**IF RELEVANT** Turning to the self-completion booklet again, I am going to give you a list of statements about [CHILD]'s health, similar to the ones you have just completed for yourself. Please could you tick the boxes next to the statements that best describe [CHILD]'s health today. **IF RELEVANT** Please complete it for [CHILD] first and then on the next page for [CHILD] – **SEE GRID AND ADMINISTER SECTION C OF CARER SELF-COMPLETION BOOKLET**

E9	**For children aged 3 ½-16 years (others to E8)**	**C1**		**C2**		**C3**		**C4**		**C5**		**C6**	
SHOWCARD E9 This is a list of minor health problems that many children have at some time. Thinking about the last 6 months, could you tell me if [CHILD] has had these problems. Just read out the numbers that apply and tell me if [child] has had these problems often or occasionally.		Often	Occasionally	Often	Occasionally	Often	Occasionally	Often	Occasionally	Often	Occasionally	Often	Occasionally
1.	Wets pants during the day	1	2	1	2	1	2	1	2	1	2	1	2
2.	Wets bed during the night	1	2	1	2	1	2	1	2	1	2	1	2
3.	Soils or loses control of bowels	1	2	1	2	1	2	1	2	1	2	1	2
4.	Has tears on arrival at school/refused to go into the building	1	2	1	2	1	2	1	2	1	2	1	2
5.	Has nightmares	1	2	1	2	1	2	1	2	1	2	1	2
6.	Has sleeping difficulties (e.g. going to sleep, waking in the night or early in the morning)	1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
7.	Has eating difficulties (e.g. fussy, not eating, over-eating)	1	2	1	2	1	2	1	2	1	2	1	2
8.	None of these	**3**		**3**		**3**		**3**		**3**		**3**	

E8	Are any members of the household registered as disabled? **Code yes/no for each family member**	1	2	3	4	5	6	7	8	9	10	11	12
	Yes No	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0

E10	**FOR ALL CHILDREN 5 YEARS+ (OTHERS TO E12)** Has [CHILD] been in trouble with the Garda in the past 12 months?	C1	C2	C3	C4	C5	C6	
	Yes No	1 0	1 0	1 0	1 0	1 0	1 0	**Ask E11** **Ask E12**

E11		C1	C2	C3	C4	C5	C6
	What was this for? For example, was the child arrested, cautioned or convicted, and what was the nature of the incident? **RECORD OPPOSITE ⇒**						

F. EDUCATION AND EMPLOYMENT

I would now like to ask you about education and work for people living in the family.

F 1	REPEAT QUESTIONS F1 – F4a FOR EACH ADULT IN THE HOUSEHOLD SHOWCARD F1							
Looking at this card, which item best describes what work you / [ADULT] do/does? Just read out the relevant number.		**A 1**	**A 2**	**A 3**	**A 4**	**A5**	**A6**	**Go to**
1. Paid work [full-time 30 + hours]		**01**	**01**	**01**	**01**	**01**	**01**	**F4a**
2. Paid work [part-time < 30 hours]		**02**	**02**	**02**	**02**	**02**	**02**	**F4a**
3. Signing on as unemployed		03	03	03	03	03	03	F4
4. Unemployed [actively seeking work but not signing]		04	04	04	04	04	04	F4
5. Unemployed [not actively seeking work e.g. temporarily sick, waiting to take up a job]		05	05	05	05	05	05	F4
6. Permanently sick/disabled		06	06	06	06	06	06	F4
7. Retired		07	07	07	07	07	07	F4
8. Looking after family home		**08**	**08**	**08**	**08**	**08**	**08**	**F4a**
9. Government programme [Community employment Scheme]		09	09	09	09	09	09	F4
10. Full-time education/ training course		10	10	10	10	10	10	F4

F4	IF NOT WORKING (OPTIONS 3, 4, 5, 6, 7, 9, 10) Have you / has [ADULT] had a paid job for 8 or more hours a week in the last 2 years, that is since Spring 2002?							
		Yes	1	1	1	1	1	1
		No	0	0	0	0	0	0

F4a	What is the highest level of education that you / [ADULT] have?						
1. Higher education (college or university)		1	1	1	1	1	1
2. Leaving Cert. (18 years)		2	2	2	2	2	2
3. Junior Cert. (16 years)		3	3	3	3	3	3
4. Completed compulsory school (16 years)		4	4	4	4	4	4
5. Other (**SPECIFY**)		5	5	5	5	5	5

F5	IF NO-ONE IN HOUSEHOLD IS IN PAID WORK (I.E. NOT CODED 1 OR 2 AT F1) Are welfare allowances the household's only source of income?	Yes ..... 1 No..... 0

F6	**SHOW CARD F6** Looking at this card, which item best describes what [CHILD] attends or does?							
CODE FOR EACH CHILD		**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**Go to**
1. Playgroup or a crèche (age 0 – 3)		1	1	1	1	1	1	**F20**
2. Nursery school (age 3 – 5)		2	2	2	2	2	2	**F8**
3. Primary school (age 4-12) (i.e. infants/Junior)		3	3	3	3	3	3	**F8**
4. Special school (age 5 –16)		4	4	4	4	4	4	**F8**
5. Secondary School (age 11/12 – 16/17)		5	5	5	5	5	5	**F8**
6. College (age 16-17)		6	6	6	6	6	6	**F8**
7. Working or on a training scheme (aged 16 –17)		7	7	7	7	7	7	**F8**
8. Out of work//job-seeking/unemployed (16-17)		8	8	8	8	8	8	**F18**

F8	Overall, how well is [CHILD] doing at nursery/school/college/work etc.? Is he/she doing…	C1	C2	C3	C4	C5	C6
	READ OUT ⇒ Above average	1	1	1	1	1	1
	About average	2	2	2	2	2	2
	Below average	3	3	3	3	3	3
	Varies too much to say	4	4	4	4	4	4
F9	Overall, would you say that [CHILD] is achieving his/her potential at nursery/school/college/work?	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0

F10	**IF NO** Why do you think that is? **RECORD VERBATIM FOR EACH CHILD (OTHERS TO F10a)**
C1	
C2	
C3	
C4	
C5	
C6	

F10 a	Is there anything that you would say [CHILD] is particularly good at, for example in relation to his/her development or a particular skill or talent? **IF YES, RECORD BELOW⇓**				
C1	**C2**	**C3**	**C4**	**C5**	**C6**

IF CHILD IS AT WORK SKIP TO F15

F11	Have you discussed [CHILD'S] progress with his/her teacher in the past year?	C1	C2	C3	C4	C5	C6
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0
F12	Has [CHILD'S] teacher identified any educational problems he/she is having?						
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0
F13	**IF YES** What are they? **PROBE FULLY AND RECORD VERBATIM (OTHERS TO F14)**						
C1							
C2							
C3							
C4							
C5							
C6							

F14	Does [CHILD] have any special educational needs?	C1	C2	C3	C4	C5	C6
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0
F15	How many days of school/college/work would you say [CHILD] has missed over the past 12 months?						
	< 5 days	1	1	1	1	1	1
	5 – 20 days	2	2	2	2	2	2
	>20 days	3	3	3	3	3	3
	No misses	0	0	0	0	0	0

F16	IF CHILD HAS MISSED SCHOOL ETC. (OTHERS TO F17) Why did [CHILD] miss …….? **MULTICODE**						
		C1	C2	C3	C4	C5	C6
	Illness	1	1	1	1	1	1
	Temporary exclusion	2	2	2	2	2	2
	Permanent exclusion	3	3	3	3	3	3
	Truanting	4	4	4	4	4	4
	Needed at home (e.g. caring responsibilities)	5	5	5	5	5	5
	Appointments (e.g. doctors)	6	6	6	6	6	6
	Holiday	7	7	7	7	7	7
	Other (**SPECIFY**)	8	8	8	8	8	8
		_____	_____	_____	_____	_____	_____

F17	How often would you say [CHILD] has been bullied by other children / young people / work colleagues this term? By that I mean he/she has been called **(select two or three for illustration) …**nasty/racist names, threatened/hit or kicked/ignored by other children, had nasty stories told about him/her, had his/her belongings stolen etc.						
		C1	C2	C3	C4	C5	C6
	Never	1	1	1	1	1	1
	Sometimes	2	2	2	2	2	2
	About once a week	3	3	3	3	3	3
	Several times a week	4	4	4	4	4	4
	Don't know/Not aware						
F18	**FOR CHILDREN 5+ YEARS. OTHERS TO F20**. Is [CHILD] regularly involved in any out-of-school activities?						
		C1	C2	C3	C4	C5	C6
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0
F19	**IF YES (OTHERS TO F20)**. Can you tell me what these activities are? For example…						
READ OUT AND MULTICODE		C1	C2	C3	C4	C5	C6
	A sports team	1	1	1	1	1	1
	An after school club	2	2	2	2	2	2
	A uniformed organisation (e.g. scouts/brownies)	3	3	3	3	3	3
	Music, dance or drama	4	4	4	4	4	4
	A homework club or language class	5	5	5	5	5	5
	Other (**SPECIFY**)	6	6	6	6	6	6
		_____	_____	_____	_____	_____	_____

END OF SECTION FOR CHILDREN AGED 3 – 17 ONLY
REMEMBER TO INCLUDE ALL CHILDREN FOR REST OF SECTION

F20	Thinking about the past week, and apart from school/college /work etc, has [CHILD] mixed with other children/teenagers of his/her own age? For example... **Under 5 years** Playing outside, going to a friend's house/park/toddler group **5 years +** Playing outside, going to a sports centre or friend's house **Teens** Gone to a disco, going to a sports centre or friend's house						
		C1	**C2**	**C3**	**C4**	**C5**	**C6**
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0
	RECORD ANY DETAIL FREEHAND						
F20a	Does [CHILD] have regular contact with extended family or close family friends living nearby?						
		C1	**C2**	**C3**	**C4**	**C5**	**C6**
	Yes	1	1	1	1	1	1
	No	0	0	0	0	0	0

G. INCOME AND LIVING STANDARDS

I would now like to ask you about money and things that you have.

G9	Which of the following items do you have in your house/flat? **READ OUT AND MULTICODE**	Private telephone (land line) ..... 1 Mobile phone ..... 2 Freezer or fridge-freezer ..... 3 Full or partial central heating ..... 4 Washing machine ..... 5 TV ..... 6 Tumble drier / somewhere to dry clothes ..... 7 Computer (PC or laptop) ..... 8 None of these 0

G10	**SHOWCARD G10** Looking at this card, are there any of these items that you and your family do not have because you cannot afford them? Please read out the numbers next to the items that you do not have because you cannot afford them. **MULTICODE**	A cooked main mean every day for each child ..... 1 A cooked main mean every day for each adult ..... 2 Warm winter clothes for each child ..... 3 Warm winter clothes for each adult ..... 4 Heating whenever you need it ..... 5 A family holiday away from home once a year ..... 6 A family day trip or outing once a year ..... 7 Basic toys and sports gear for the children ..... 8 None of these 0

G11	**SHOWCARD G11** Have there been times during the <u>last 12 months</u> when you were seriously behind in paying for any of these items? (By seriously behind I mean that you were getting threatening or unpleasant letters). Just read out the relevant numbers. **MULTICODE**	Rent ..... 1 Gas/oil ..... 2 Electricity ..... 3 Goods on hire purchase ..... 5 Mortgage repayments ..... 6 Credit card payments ..... 8 Mail order catalogue payments ..... 9 Telephone ..... 10 Other loans ..... 11 TV license ..... 12 Road tax ..... 13 Child Support or Maintenance ..... 15 Waste charge ..... 16 None of these 0

G12	Have there been times during the <u>past 12 months</u> when your gas or electricity has been disconnected or when they have stopped collecting your rubbish? **MULTICODE**	Gas ..... 2 Electricity ..... 3 Rubbish ..... 4 None of these 0

G13	And have there been times during the last 12 months when you have had to borrow money from a pawn shop or money lenders – not including banks, building societies and Credit Unions – or from friends and family in order to pay for your day-to-day needs? **MULTICODE**	Pawn shop ..... 1 Money lender (loan shark) ..... 2 Friend(s) ..... 3 Family ..... 4 None of these 0

G14a	Compared to other people in this area would you say your financial situation is better, worse or about the same?	Better ..... 1 Worse ..... 2 About the same 3
H12	Overall, that is taking into account everything we have talked about – money, education and work, health, behaviour, family and social relationships, house and neighbourhood – which of the following statements matches how you currently feel? **READ OUT ⇒**	You do not really have any problems at the moment ..... 0 You do have some problems at the moment but you are managing OK ..... 1 You have problems and you are not coping with them 2

J. SERVICES

SELECT TWO ELDEST CHILDREN (ONE IF THERE IS ONLY ONE IN THE HOUSEHOLD).

This is the last section. I would like to ask you about times over the last year when your family has had contact with someone other than family or friends for help.

CHILD A IDENTIFIER (e.g. C1): _____

SHOWCARD J. This is a list of people and organisations that sometimes provide help. Thinking about [CHILD A], have you / [OTHER MAIN CARER FOR CHILD IF APPROPRIATE] and/or [CHILD A] had contact with any of these people or organisations in the last year in relation to [CHILD A]. You can just read out the relevant numbers. I am interested in all contact, whether or not a service was provided.

IF CONTACT Thinking about the numbers that you have just read out, please read out again those next to a person or organisation that actually did something or gave you / [CHILD] something.

	Agency	Contact (a)	Service (b)
J1	GP / Doctor	Yes .....1 No 0	Yes.....1 No 0
J2	Public Health Nurse (PHN)	Yes .....1 No 0	Yes.....1 No 0
J3	Psychiatrist / Psychologist	Yes .....1 No 0	Yes.....1 No 0
J4	Other health professional (e.g. physiotherapist, addictions service, other specialist)	Yes .....1 No 0	Yes.....1 No 0
J5	Teacher / Head teacher	Yes .....1 No 0	Yes.....1 No 0
J6	Education Psychologist	Yes .....1 No 0	Yes.....1 No 0
J7	Education Welfare Officer	Yes .....1 No 0	Yes.....1 No 0
J8	Other education professional (e.g. speech therapist, home-school liaison officer, special needs assistant)	Yes .....1 No 0	Yes.....1 No 0
J9	Social Worker	Yes .....1 No 0	Yes.....1 No 0
J10	Foster Carer / Children's Home	Yes .....1 No 0	Yes.....1 No 0
J11	Other social services professional (e.g. counsellor, family centre worker, youth worker, home help)	Yes .....1 No 0	Yes.....1 No 0
J12	Garda	Yes .....1 No 0	Yes.....1 No 0
J13	Juvenile Liaison Officer (JLO) or Probation Officer	Yes .....1 No 0	Yes.....1 No 0
J14	Solicitor	Yes .....1 No 0	Yes.....1 No 0
J15	Advice Centre (e.g. Citizens Information Centre, MABS)	Yes .....1 No 0	Yes.....1 No 0
J16	Playgroup / Parent and Toddler Group	Yes .....1 No 0	Yes.....1 No 0
J17	Any support group for parents (e.g. in relation to parenting issues or domestic violence)	Yes .....1 No 0	Yes.....1 No 0
J18	Other official department / professional (e.g. Youth Reach, Community Welfare Officer, Vincent de Paul)	Yes .....1 No 0	Yes.....1 No 0

IF ANY SERVICE *BESIDES GP/DOCTOR* (J1) *OR TEACHER/HEAD TEACHER* (J5) WAS RECEIVED ('Yes' to the b question), PROBE.

I would now like to ask you some more about the help you / [CHILD A] have received in relation to [CHILD A]. From the list you have just read out, which person or organisation did you have contact with most recently, that is closest to today – not including numbers 1 and 5?

IF RESPONDENT IS UNABLE TO REMEMBER WHICH WAS MOST RECENT, HELP THEM SELECT

J22	Which provider was involved? **RECORD OPPOSITE ⇒**	
J23	What was the contact about? **RECORD OPPOSITE ⇒**	
J24	What help were you / [CHILD] offered? **RECORD OPPOSITE ⇒**	
J25	**MULTICODE HELP OFFERED ⇒** **(BASED ON ANSWER TO J24)**	Information giving ..... 1 Advice ..... 2 Advocacy ..... 3 Befriending / mentoring ..... 4 Education / training ..... 5 Financial / material provision ..... 6 Recreation ..... 7 Treatment ..... 8 Care / tending ..... 9 Practical assistance ..... 10 Legal action ..... 11 Accommodation 12
J26	How much help did you / [CHILD] get? **PROBE** (e.g. number and length of sessions, amount of money)	

J27	When was this help provided? **PROBE** (e.g. start and finish dates and frequency in between)	
J28	Where did you / [CHILD] get this help? **RECORD OPPOSITE ⇒**	
J29	**CODE WHERE HELPING TOOK PLACE**	At home ..... 1 Locally ..... 2 Not locally 3
J30	Did you / [CHILD] benefit from what [AGENCY / PERSON] did?	Yes ..... 1 **Ask J31** No ..... 2 **Ask J32**
J31	How did it help? **RECORD OPPOSITE ⇒**	
J32	How did the [AGENCY / PERSON] think [SERVICE] would help you / [CHILD]? **RECORD OPPOSITE ⇒**	

CHILD B IDENTIFIER (e.g. C1): _____

SHOWCARD J. This is a list of people and organisations that sometimes provide help. Thinking about [CHILD B], have you / [OTHER MAIN CARER FOR CHILD IF APPROPRIATE] and/or [CHILD B] had contact with any of these people or organisations in the last year in relation to [CHILD B]. You can just read out the relevant numbers. I am interested in all contact, whether or not a service was provided.

IF CONTACT Thinking about the numbers that you have just read out, please read out again those next to a person or organisation that actually did something or gave you / [CHILD B] something.

	Agency	**Contact (a)**	**Service (b)**
J1	GP / Doctor	Yes .....1 No 0	Yes.....1 No 0
J2	Public Health Nurse (PHN)	Yes .....1 No 0	Yes.....1 No 0
J3	Psychiatrist / Psychologist	Yes .....1 No 0	Yes.....1 No 0
J4	Other health professional (e.g. physiotherapist, addictions service, other specialist)	Yes .....1 No 0	Yes.....1 No 0
J5	Teacher / Head teacher	Yes .....1 No 0	Yes.....1 No 0
J6	Education Psychologist	Yes .....1 No 0	Yes.....1 No 0
J7	Education Welfare Officer	Yes .....1 No 0	Yes.....1 No 0
J8	Other education professional (e.g. speech therapist, home-school liaison officer, special needs assistant)	Yes .....1 No 0	Yes.....1 No 0
J9	Social Worker	Yes .....1 No 0	Yes.....1 No 0
J10	Foster Carer / Children's Home	Yes .....1 No 0	Yes.....1 No 0
J11	Other social services professional (e.g. counsellor, family centre worker, youth worker, home help)	Yes .....1 No 0	Yes.....1 No 0
J12	Garda	Yes .....1 No 0	Yes.....1 No 0
J13	Juvenile Liaison Officer (JLO) or Probation Officer	Yes .....1 No 0	Yes.....1 No 0
J14	Solicitor	Yes .....1 No 0	Yes.....1 No 0
J15	Advice Centre (e.g. Citizens Information Centre, MABS)	Yes .....1 No 0	Yes.....1 No 0
J16	Playgroup / Parent and Toddler Group	Yes .....1 No 0	Yes.....1 No 0
J17	Any support group for parents (e.g. in relation to parenting issues or domestic violence)	Yes .....1 No 0	Yes.....1 No 0
J18	Other official department / professional (e.g. Youth Reach, Community Welfare Officer, Vincent de Paul)	Yes .....1 No 0	Yes.....1 No 0

IF ANY SERVICE *BESIDES GP/DOCTOR* (J1) *OR TEACHER/HEAD TEACHER* (J5) WAS RECEIVED ('Yes' to the b question), PROBE.

I would now like to ask you some more about the help you / [CHILD B] have received in relation to [CHILD B]. From the list you have just read out, which person or organisation did you have contact with most recently, that is closest to today – not including numbers 1 and 5?

IF RESPONDENT IS UNABLE TO REMEMBER WHICH WAS MOST RECENT, HELP THEM SELECT

J33	Which provider was involved? **RECORD OPPOSITE ⇒**	
J34	What was the contact about? **RECORD OPPOSITE ⇒**	
J35	What help were you / [CHILD] offered? **RECORD OPPOSITE ⇒**	
J36	**MULTICODE HELP OFFERED ⇒** **(BASED ON ANSWER TO J35)**	Information giving ..... 1 Advice ..... 2 Advocacy ..... 3 Befriending / mentoring ..... 4 Education / training ..... 5 Financial / material provision ..... 6 Recreation ..... 7 Treatment ..... 8 Care / tending ..... 9 Practical assistance ..... 10 Legal action ..... 11 Accommodation 12
J37	How much help did you / [CHILD] get? **PROBE** (e.g. number and length of sessions, amount of money)	

J38	When was this help provided? **PROBE** (e.g. start and finish dates and frequency in between)	
J39	Where did you / [CHILD] get this help? **RECORD OPPOSITE ⇒**	
J40	**CODE WHERE HELPING TOOK PLACE**	At home ..... 1 Locally ..... 2 Not locally 3
J41	Did you / [CHILD] benefit from what [AGENCY / PERSON] did?	Yes ..... 1 **Ask J31** No ..... 2 **Ask J32**
J42	How did it help? **RECORD OPPOSITE ⇒**	
J43	How did the [AGENCY / PERSON] think [SERVICE] would help you / [CHILD]? **RECORD OPPOSITE ⇒**	

NOW ADMINISTER SELF-COMPLETION BOOKLETS FOR CARER AND YOUNG PERSON IF APPROPRIATE.

That is the end of the interview but there are a few more sections in the booklet that I need to ask you to complete.

IF RELEVANT Also, as I said at the start, there is a short questionnaire for 11-17 year olds. This applies to [CHILD] and [CHILD] and so, with your permission I would like to ask them to fill it in.

Here is the questionnaire if you would like to look at it **[HAND YOUNG PERSON SELF-COMPLETION BOOKLET TO PARENT OR CARER**]. It should take about 10 minutes for them to complete. To show that you agree to [CHILD] completing the questionnaire, please could you sign this form. I also need to ask [CHILD] to sign the reverse of the form and just to explain to them what to do. Is it possible for them to come in. After that I'll give you your booklet to finish off.

COMPLETE ONE CARER CONSENT FORM II AND YP CONSENT FORM FOR EACH CHILD COMPLETING YP QUESTIONNAIRE

[TO CHILD] READ INTRODUCTORY TEXT AT THE START OF THE YOUNG PERSON'S SELF-COMPLETION BOOKLET. I need to ask you to sign a form to say that you agree to do this questionnaire. Because the questionnaire is confidential, it is best if you do not ask anyone about it or show anyone what you have written. Just put it in the envelope when you have finished and seal it. We have found that it works best if you complete it somewhere where you are by yourself. If you have any queries about it you can ask me. **ADMINISTER BOOKLET**

[TO CARER] Please could you fill in the remainder of the booklet, starting at section D. Can you let me know each time you finish a section so I can tell you which section to do next. **ADMINISTER SELF-COMPLETION BOOKLET**

IF NO PARTNER RESIDENT – You can ignore section F as it does not apply

IF RELEVANT Please could you complete section G for [CHILD] and [CHILD] OR You can leave section G as it does not apply.

WHEN ALL SELF-COMPLETION BOOKLETS ARE COMPLETED:

[TO YOUNG PEOPLE] Thank you for your time and help. We are very grateful. Here is a list of help-lines and services that you might find helpful.

[TO CARER] Thank you for your time and help. We are very grateful. Here is a list of help-lines and services that you might find helpful.

GO TO 'BEFORE YOU LEAVE' SECTION ON BACK OF CONSENT FORM
Before I go, please accept this as a token of thanks for your family's time [**GIVE MONEY**] We are also interested in talking to families again in a similar survey. To help with this, could I ask you to give us some information to help with contacting you again. We will keep this information separate from the information you gave us in the interview and booklet.

Goodbyes and depart.

Health Board Area	Sampling Point	Ass. Number

Household ID		

Administered by	Surname	Initials

Date completed	D	D	M	M	2	0	0	4

EASTERN HEALTH BOARD CHILDREN AND FAMILIES SURVEY

Parent / Carer Questionnaire

This questionnaire is <u>confidential</u>

Interviewer Declaration

I declare that this interview has been carried out strictly in accordance with your instructions and within the Code of Conduct of the Market Research Society.

Signed_____

BEFORE STARTING

Thank you for agreeing to talk to me today. This is a really important survey, including 300 households right across the Eastern Health Board area. The information you tell me is very valuable. It will be used by the health authority, the government and other organisations to help improve services for children, young people and families in this part of Ireland.

The questions are all about you, your children and your family and take about one hour to complete. We will cover things like housing, your children's behaviour, your work, health, family relationships and services you have had. There are no right or wrong answers; just try to be as honest as you can.

Before we start I just need to run through a few things.

First, I need you to sign this form to say that you agree to take part in the survey. The form explains that what you tell me is confidential but that if you give any specific details about a crime I will need to contact the police or if you indicate that your child is in serious danger you may be advised afterwards to contact someone who can help. Please read it carefully and sign it to say that you understand.

IF 11-17 YEAR OLDS IN HOUSEHOLD

Second, as I said earlier, towards the end there is a short questionnaire for young people aged 11-17 years old. Nearer the time I need to show it to you and ask you to sign a form saying that you agree to your child doing it. If those young people are around now it may be worth mentioning to them that they will be needed in about 45 minutes.

IF OTHER PEOPLE AROUND

Third, we have found that if possible it really helps people doing the interviews if no one else is in the room. For example, it is easier to hear what is being said and it is more private. Do you think this would be possible?

Finally, I should stress that if you do not wish to answer any of the questions you can just say and we will move onto the next one. Also, please say to me if you don't understand a question or if you are unsure about anything. Do you have any queries before we start?

There are two parts to the interview: 1) some questions that I will ask you, where I will record your answer on my interview script AND 2) a self-completion booklet where you will record your own answers by ticking boxes. **DEMONSTRATE BOOKLET, READ THROUGH INSTRUCTIONS WITH RESPONDENT AND EXPLAIN GRID**. We will start with the interview now and I will tell you when the time comes to complete sections of the self-completion booklet.

ATTENTION:
DO *NOT* START INTERVIEWING BEFORE RESPONDENT HAS SIGNED CONSENT FORM

A. HOUSING

First, I would like to ask you about your house / flat and the neighbourhood.

A3	Floor	
A4	Is the accommodation **Code by observation** ⇒	A house or bungalow .....1 A flat.....2 A room/rooms.....3
A5	How long have you lived in this neighbourhood?	< 6 months.....1 6 months +.....2 1 year +.....3 2 years +.....4 5 years +.....5 10 years +.....6
A6	How long have you lived in this house / flat?	< 6 months.....1 6 months +.....2 1 year +.....3 2 years +.....4 5 years +.....5 10 years +.....6
A8	Do you (and/or your partner) own your house/flat, rent it from the council or rent it privately	Own/buying on a mortgage .....1 Rent from council .....2 Rent from Housing association .....3 Rent from private landlord .....4 Rent bed-sit or rooms with shared amenities .....5 Bed and breakfast, hostel or temporary.....6 Live rent free (e.g. tied accommodation) .....7 Shared tenancy.....8
A9	And how many rooms are there in your house/flat, **not including kitchens** and bathrooms?	**Count only those rooms used exclusively by the respondent's household** ☐☐
A10	Do you have any of the following problems with your house/flat? **READ OUT AND MULTICODE ⇒**	Problems with heating .....1 Damp (e.g.leaky roof,mould, rot).....2 Unsafe windows/doors(e.g.no window locks).....3 Fixtures and fittings in need of attention .....4 None of these problems with accommodation.....5
A11	Do you have use of a garden or outside space nearby?	Yes.....1 No 2
A11a	I would now like to ask what it is like to live in this neighbourhood. What do you particularly **like** about this neighbourhood? **PROBE FULLY & RECORD VERBATIM ⇒**	

A12a	Is there a problem in this neighbourhood with crime? By that I mean things like burglary, muggings, drugs and joy-riding.	Yes..... 1 **Ask 12b** No ..... 2 **Ask 13a**
A12b	Has it affected you or other people in the household?	Yes..... 1 **Ask Q13a** No ..... 2 **Ask Q13a**
	RECORD ANY DETAIL FREEHAND	
A13a	**Ask all** Is there a problem in this neighbourhood with anti-social behaviour? By that I mean things like teenagers hanging around on the street corner, noisy neighbours and forms of harassment.	Yes..... 1 **Ask A13b** No ..... 2 **Ask A14a**
A13b	Has it affected you or other people in the household?	Yes..... 1 **Ask A14a** No ..... 2 **Ask A14a**
	RECORD ANY DETAIL FREEHAND	
A14a	**Ask all** Is there a problem in this neighbourhood with the local environment? By that I mean things like fouling by dogs, rubbish, graffiti and pollution by traffic.	Yes..... 1 **Ask A14b** No ..... 2 **Ask A15**
A14b	Has it affected you or other people in the household?	Yes..... 1 **Ask A15** No ..... 2 **Ask A15**
	RECORD ANY DETAIL FREEHAND	
A15	**Overall,** how would you rate this neighbourhood as a place to bring up a family? Would you say…	**READ OUT⇓** Very good ..... 1 Fairly good..... 2 Neither good nor poor..... 3 Fairly poor ..... 4 Very poor..... 5

B. LIVING SITUATION

I would now like to ask you about the people who live here.

NOW GO TO FAMILY MEMBERS PAGE (green) AND LIST ALL FAMILY MEMBERS IN HOUSEHOLD
REMEMBER TO TRANSFER RELEVANT DETAILS TO QUESTIONNAIRE BEFORE LEAVING HOUSEHOLD

Household member		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
ASSIGN ADULT / CHILD IDENTIFIERS (e.g. A1, C1, C2)													
B3	**Establish gender of household members** Male	1	1	1	1	1	1	1	1	1	1	1	1
	Female	0	0	0	0	0	0	0	0	0	0	0	0
B4	How old is [PERSON] in years?												

B5	**SHOWCARD B5/6 Ask for each household member ⇒** Looking at this card, which item describes [PERSON's] relationship to you?	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	Spouse married partner	01	01	01	01	01	01	01	01	01	01	01	01
2	Unmarried partner	02	02	02	02	02	02	02	02	02	02	02	02
3	Natural (biological child)	03	03	03	03	03	03	03	03	03	03	03	03
4	Adopted child	04	04	04	04	04	04	04	04	04	04	04	04
5	Step-child/partner's child	05	05	05	05	05	05	05	05	05	05	05	05
6	Foster child	06	06	06	06	06	06	06	06	06	06	06	06
7	Legal ward	07	07	07	07	07	07	07	07	07	07	07	07
8	Grandchild	08	08	08	08	08	08	08	08	08	08	08	08
9	Own parent	09	09	09	09	09	09	09	09	09	09	09	09
10	Parent-in-law/partner's parent	10	10	10	10	10	10	10	10	10	10	10	10
11	Brother/sister	11	11	11	11	11	11	11	11	11	11	11	11
12	Aunt/uncle/cousin	12	12	12	12	12	12	12	12	12	12	12	12
13	Other family member	13	13	13	13	13	13	13	13	13	13	13	13
14	Family friend	14	14	14	14	14	14	14	14	14	14	14	14
15	Paid nanny/au-pair/housekeeper	15	15	15	15	15	15	15	15	15	15	15	15
16	Lodger/boarding/paying	16	16	16	16	16	16	16	16	16	16	16	16
17	Other non-family member	17	17	17	17	17	17	17	17	17	17	17	17

IF THERE IS A RESIDENT PARTNER (MARRIED OR UNMARRIED), CHART EACH PERSON'S RELATIONSHIP TO RESIDENT PARTNER . OTHERS GO TO B7.

B6	**SHOWCARD B5/6 Ask for each household member ⇒** Looking at this card, which item describes [PERSON's] relationship to [RESIDENT PARTNER IN HOUSEHOLD]?	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	Spouse married partner	01	01	01	01	01	01	01	01	01	01	01	01
2	Unmarried partner	02	02	02	02	02	02	02	02	02	02	02	02
3	Natural (biological child)	03	03	03	03	03	03	03	03	03	03	03	03
4	Adopted child	04	04	04	04	04	04	04	04	04	04	04	04
5	Step-child/partner's child	05	05	05	05	05	05	05	05	05	05	05	05
6	Foster child	06	06	06	06	06	06	06	06	06	06	06	06
7	Legal ward	07	07	07	07	07	07	07	07	07	07	07	07
8	Grandchild	08	08	08	08	08	08	08	08	08	08	08	08
9	Own parent	09	09	09	09	09	09	09	09	09	09	09	09
10	Parent-in-law/partner's parent	10	10	10	10	10	10	10	10	10	10	10	10
11	Brother/sister	11	11	11	11	11	11	11	11	11	11	11	11
12	Aunt/uncle/cousin	12	12	12	12	12	12	12	12	12	12	12	12
13	Other family member	13	13	13	13	13	13	13	13	13	13	13	13
14	Family friend	14	14	14	14	14	14	14	14	14	14	14	14
15	Paid nanny/au-pair/housekeeper	15	15	15	15	15	15	15	15	15	15	15	15
16	Lodger/boarding/paying	16	16	16	16	16	16	16	16	16	16	16	16
17	Other non-family member	17	17	17	17	17	17	17	17	17	17	17	17

B6a	How long have you and [PARTNER] been living together? **RECORD IN YEARS ⇒**	*Years* ☐☐

B7	Can I just confirm what best describes the living situation of each child? Starting with [CHILD]… Is he/she at home … **READ OUT ⇓**	C1	C2	C3	C4	C5	C6	
	1. With one parent	1	1	1	1	1	1	**Ask B8**
	2. With both (natural) parents	**2**	**2**	**2**	**2**	**2**	**2**	**Go to B10**
	3. With parent and step-parent	3	3	3	3	3	3	**Ask B8**
	4. With other relative	4	4	4	4	4	4	**Ask B8**
	5. With substitute carers (e.g. foster carer)	5	5	5	5	5	5	**Ask B8**
	6. With adoptive parents	6	6	6	6	6	6	**Ask B8**

B8	**ONLY ASK THIS QUESTION IF CHILD NOT LIVING WITH BOTH NATURAL MOTHER AND FATHER (CODE 2 AT B7). OTHERS GO TO B10 BELOW.**							
	Does [CHILD] have contact with his/her mother/father? By that I mean any sort of contact, including phone, letter and face-to-face.	C1	C2	C3	C4	C5	C6	
	1. Yes	1	1	1	1	1	1	**Ask B9**
	2. No, no contact	2	2	2	2	2	2	**Ask B10**
	3. No, parent deceased	3	3	3	3	3	3	**Ask B10**

B9	How regular is the contact?	C1	C2	C3	C4	C5	C6	
	1. Regular (more than once a week)	1	1	1	1	1	1	
	2. Regular (once a week or less)	2	2	2	2	2	2	
	3. Irregular	3	3	3	3	3	3	

B10	Does [CHILD] have an older brother or sister living elsewhere?	C1	C2	C3	C4	C5	C6	
	Yes	1	1	1	1	1	1	
	No	0	0	0	0	0	0	

B11	Do you have main or some responsibility for looking after [CHILD]?	C1	C2	C3	C4	C5	C6	
	Yes	1	1	1	1	1	1	
	No	0	0	0	0	0	0	

IMPORTANT: FOR THE REMAINDER OF THE INTERVIEW AND IN THE SELF-COMPLETION BOOKLETS, FOCUS ON CHILDREN FOR WHOM B11 = Yes. ONLY COLLECT INFORMATION ABOUT OTHER CHILDREN WHEN THE QUESTION CONCERNS ALL MEMBERS OF THE HOUSEHOLD (I.E. WHEN THERE ARE 12 COLUMNS).

		C1	C2	C3	C4	C5	C6	
B12	**Select and asterisk the two eldest children aged 11-17 years to complete YP questionnaire.**							

C. ETHNICITY

I would now like to ask you about the nationality and religion of the people living here.

C2	How would you describe the nationality of each member of the household, starting with the eldest?											
Establish for each household member ⇒		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
	READ OUT												
	1. Irish	1	1	1	1	1	1	1	1	1	1	1	1
	2. No nationality	2	2	2	2	2	2	2	2	2	2	2	2
	3. Other Nationality	3	3	3	3	3	3	3	3	3	3	3	3
	SPECIFY OTHER ⇒												

C3	What is the religion of each person in the household?												
Establish for each household member⇒		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	Christian - Roman Catholic	01	01	01	01	01	01	01	01	01	01	01	01
2	Christian - Church of Ireland	02	02	02	02	02	02	02	02	02	02	02	02
3	Christian - Methodist.....	03	03	03	03	03	03	03	03	03	03	03	03
4	Christian -Presbyterian.....	04	04	04	04	04	04	04	04	04	04	04	04
5	Muslim/Islam	05	05	05	05	05	05	05	05	05	05	05	05
6	Hindu	06	06	06	06	06	06	06	06	06	06	06	06
7	Jewish	07	07	07	07	07	07	07	07	07	07	07	07
8	Buddhist	08	08	08	08	08	08	08	08	08	08	08	08
9	New Age/Alternative	09	09	09	09	09	09	09	09	09	09	09	09
10	No religion.....	10	10	10	10	10	10	10	10	10	10	10	10
11	Other	11	11	11	11	11	11	11	11	11	11	11	11
	SPECIFY OTHER ⇒												

MAKE SURE YOU HAVE USED THE FLOW CHART DIAGRAMS TO WORK OUT WHICH CHILDREN THE CARER NEEDS TO COMPLETE THE SELF-COMPLETION SECTIONS FOR – A1/2, C1/2 and G1/2.

WRITE THE IDENTIFIERS (e.g. C1 or C3) AND THE NAMES OF THE CHILDREN ON THE GRID IN THE SELF-COMPLETION BOOKLET. DO NOT GO TO THE NEXT SECTION UNTIL YOU HAVE DONE THIS.

A1. AGE OF FIRST CHILD: _____	**1 – 2 times** **A**	**3 – 10 times** **B**	**11 – 20 times** **C**	**More than 20 times** **D**	**Not in last year** **E**	**Never happened** **F**
Discussed issue calmly / explained why the behaviour was wrong	❑	❑	❑	❑	❑	❑
Gave the child something else to do, instead of what they were doing wrong	❑	❑	❑	❑	❑	❑
Moved something dangerous or tempting out of child's way	❑	❑	❑	❑	❑	❑
Brought someone else in to help sort things out	❑	❑	❑	❑	❑	❑
Made child take 'time out' to think about their behaviour	❑	❑	❑	❑	❑	❑
Gave child a chore or something unpleasant to do	❑	❑	❑	❑	❑	❑
'Grounded' or stopped child going out, or took away treats	❑	❑	❑	❑	❑	❑
Walked out on child, or left the room or house	❑	❑	❑	❑	❑	❑
Refused to talk to child / gave child 'the silent treatment'	❑	❑	❑	❑	❑	❑
Shouted, yelled or swore at child	❑	❑	❑	❑	❑	❑
Said you wouldn't love the child, you would send them away, or you would go away and leave them	❑	❑	❑	❑	❑	❑
Threatened to smack or hit child (but did not actually do it)	❑	❑	❑	❑	❑	❑
Smacked child's bottom	❑	❑	❑	❑	❑	❑
Smacked or slapped child on hands, arms or legs	❑	❑	❑	❑	❑	❑
Smacked or slapped child on face, head or ears	❑	❑	❑	❑	❑	❑
Grabbed, pushed or handled child roughly	❑	❑	❑	❑	❑	❑
Shook child	❑	❑	❑	❑	❑	❑
Punched or kicked child	❑	❑	❑	❑	❑	❑
Bit or pinched child	❑	❑	❑	❑	❑	❑
Hit child with something like a slipper, belt or other hard object	❑	❑	❑	❑	❑	❑
Pulled child's ears or hair	❑	❑	❑	❑	❑	❑
Washed child's mouth out with something (e.g. soap) or made them swallow something unpleasant	❑	❑	❑	❑	❑	❑
Beat child up (hit child over and over again as hard as you could)	❑	❑	❑	❑	❑	❑
Burned or scalded child on purpose	❑	❑	❑	❑	❑	❑
Grabbed child round the neck or choked them	❑	❑	❑	❑	❑	❑

A2. AGE OF SECOND CHILD: _____	1 – 2 times A	3 – 10 times B	11 – 20 times C	More than 20 times D	Not in last year E	Never happened F
Discussed issue calmly / explained why the behaviour was wrong	❑	❑	❑	❑	❑	❑
Gave the child something else to do, instead of what they were doing wrong	❑	❑	❑	❑	❑	❑
Moved something dangerous or tempting out of child's way	❑	❑	❑	❑	❑	❑
Brought someone else in to help sort things out	❑	❑	❑	❑	❑	❑
Made child take 'time out' to think about their behaviour	❑	❑	❑	❑	❑	❑
Gave child a chore or something unpleasant to do	❑	❑	❑	❑	❑	❑
'Grounded' or stopped child going out, or took away treats	❑	❑	❑	❑	❑	❑
Walked out on child, or left the room or house	❑	❑	❑	❑	❑	❑
Refused to talk to child / gave child 'the silent treatment'	❑	❑	❑	❑	❑	❑
Shouted, yelled or swore at child	❑	❑	❑	❑	❑	❑
Said you wouldn't love the child, you would send them away, or you would go away and leave them	❑	❑	❑	❑	❑	❑
Threatened to smack or hit child (but did not actually do it)	❑	❑	❑	❑	❑	❑
Smacked child's bottom	❑	❑	❑	❑	❑	❑
Smacked or slapped child on hands, arms or legs	❑	❑	❑	❑	❑	❑
Smacked or slapped child on face, head or ears	❑	❑	❑	❑	❑	❑
Grabbed, pushed or handled child roughly	❑	❑	❑	❑	❑	❑
Shook child	❑	❑	❑	❑	❑	❑
Punched or kicked child	❑	❑	❑	❑	❑	❑
Bit or pinched child	❑	❑	❑	❑	❑	❑
Hit child with something like a slipper, belt or other hard object	❑	❑	❑	❑	❑	❑
Pulled child's ears or hair	❑	❑	❑	❑	❑	❑
Washed child's mouth out with something (e.g. soap) or made them swallow something unpleasant	❑	❑	❑	❑	❑	❑
Beat child up (hit child over and over again as hard as you could)	❑	❑	❑	❑	❑	❑
Burned or scalded child on purpose	❑	❑	❑	❑	❑	❑
Grabbed child round the neck or choked them	❑	❑	❑	❑	❑	❑

B. ABOUT YOUR HEALTH TODAY

Please tick ONE box for each group of statements to describe your health <u>today</u>.

Mobility

I have no problems in walking about	❑
I have some problems in walking about	❑
I am confined to bed	❑

Self-Care

I have no problems with self-care	❑
I have some problems washing or dressing myself	❑
I am unable to wash or dress myself	❑

Usual Activities

I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)	❑
I have some problems with performing my usual activities	❑
I am unable to perform my usual activities	❑

Pain/Discomfort

I have no pain or discomfort	❑
I have moderate pain or discomfort	❑
I have extreme pain or discomfort	❑

Anxiety/Depression

I am not anxious or depressed	❑
I am moderately anxious or depressed	❑
I am extremely anxious or depressed	❑

Compared with my general level of health over the past 12 months, my health state today is:

Better	❑
Much the same	❑
Worse	❑

C1. ABOUT YOUR CHILD'S HEALTH TODAY

CHILD'S AGE	

Please complete this sheet for the selected child (see grid on inside cover of the booklet) and write the child's age in the top right hand corner. Please tick ONE box for each group of statements to describe your child's health <u>today</u>.

Mobility

- My child has no problems in walking about ❑
- My child has some problems in walking about ❑
- My child is confined to bed ❑

Self-Care

- My child has no problems with self-care ❑
- My child has problems washing or dressing him/herself ❑
- My child is unable to wash or dress him/herself ❑

Usual Activities

- My child has no problems with performing his/her usual activities (e.g. work, study, housework, family or leisure activities) ❑
- My child has some problems with performing his/her usual activities ❑
- My child is unable to perform his/her usual activities ❑

Pain/Discomfort

- My child has no pain or discomfort ❑
- My child has moderate pain or discomfort ❑
- My child has extreme pain or discomfort ❑

Anxiety/Depression

- My child is not anxious or depressed ❑
- My child is moderately anxious or depressed ❑
- My child is extremely anxious or depressed ❑

Compared with their general level of health over the past 12 months, my child's health state today is:

- Better ❑
- Much the same ❑
- Worse ❑

C2. ABOUT YOUR CHILD'S HEALTH TODAY

CHILD'S AGE	

Please complete this sheet for the selected child (see grid on inside cover of the booklet) and write the child's age in the top right hand corner. Please tick ONE box for each group of statements to describe your child's health <u>today</u>.

Mobility

- My child has no problems in walking about ❑
- My child has some problems in walking about ❑
- My child is confined to bed ❑

Self-Care

- My child has no problems with self-care ❑
- My child has problems washing or dressing him/herself ❑
- My child is unable to wash or dress him/herself ❑

Usual Activities

- My child has no problems with performing his/her usual activities (e.g. work, study, housework, family or leisure activities) ❑
- My child has some problems with performing his/her usual activities ❑
- My child is unable to perform his/her usual activities ❑

Pain/Discomfort

- My child has no pain or discomfort ❑
- My child has moderate pain or discomfort ❑
- My child has extreme pain or discomfort ❑

Anxiety/Depression

- My child is not anxious or depressed ❑
- My child is moderately anxious or depressed ❑
- My child is extremely anxious or depressed ❑

Compared with their general level of health over the past 12 months, my child's health state today is:

- Better ❑
- Much the same ❑
- Worse ❑

D. ABOUT YOUR MOODS AND HOW YOU FEEL ABOUT YOURSELF

Please tick the boxes that best describe how you have been feeling over the past week.

	Not at all	Sometimes	Most of the time
1. Do you experience long periods of sadness which you cannot shake off?	❑	❑	❑
2. Have you been feeling nervous or strung up?	❑	❑	❑
3. Have you been finding everything getting on top of you?	❑	❑	❑
4. Do you feel that life is too much of an effort?	❑	❑	❑
5. Do you think you have lost confidence in yourself?	❑	❑	❑
6. Have you lost much sleep over worry lately?	❑	❑	❑
7. Have you found yourself less able to enjoy normal day to day activities?	❑	❑	❑
8. Do you find yourself needing to cry more?	❑	❑	❑
9. Do you find it more difficult to face up to your problems?	❑	❑	❑
10. Have you been thinking of yourself as a worthless person?	❑	❑	❑
11. Have you found yourself thinking that life isn't worth living?	❑	❑	❑
12. Are you more irritable that usual?	❑	❑	❑
13. Do you find it more difficult to make decisions lately?	❑	❑	❑
14. Have you been noticing yourself getting tired even though you haven't been doing very much?	❑	❑	❑
15. Do you find you can't think as quickly as you used to?	❑	❑	❑
16. Do you feel gloomy about the future?	❑	❑	❑

E. ABOUT PROBLEMS YOU MAY HAVE

This is a list of problems that people sometime have. Please tick 'Yes' or 'No' like this ✔ to show whether you <u>currently</u> have any of these problems. If a question doesn't apply to you (for example, because you don't have a partner), tick 'No'.

	Yes	No
1. Are you having regular arguments or fights with your present partner, boyfriend or girlfriend?	❑	❑
2. Are you having some sort of problem with any of your former partners?	❑	❑
3. Is your partner in prison?	❑	❑
4. Is your partner away from home more than half of the time because of a job or some other reason?	❑	❑
5. Does your work interfere with your family life?	❑	❑
6. Does your partner's work interfere with your family life?	❑	❑
7. Do you have trouble with your landlord?	❑	❑
8. Are you having trouble to find a place to live that is suitable and that you can afford?	❑	❑
9. Do you feel that you do not have enough privacy at home?	❑	❑
10. Do you have people living with you – relatives or friends – that you wish weren't there?	❑	❑
11. Do you have a problem with alcohol or drugs (whether prescribed for you or not)?	❑	❑
12. Does your partner have a problem with alcohol or drugs? (whether prescribed or not)	❑	❑
13. Does your current partner ever hit or injure you?	❑	❑
14. Does your current partner ever say things to you on purpose to make you feel really bad or worthless?	❑	❑
15. Has anyone abused one of your children physically, sexually or emotionally in the last two years?	❑	❑
16. Is one of your children currently in trouble with the Garda or the courts?	❑	❑
17. Does one of your children currently have a Child Protection Notification (CPN)?	❑	❑
18. Do you have a problem with gambling?	❑	❑
19. Does your partner have a problem with gambling?	❑	❑

F. ABOUT YOU AND YOUR PARTNER	PLEASE SKIP THIS SECTION IF THERE IS NO RESIDENT PARTNER

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences.

On the first page, please TICK how many times *you* have done each of these things to your partner <u>in the past year</u>.

On the second page, please TICK how many times *your partner* has done each of these things to you <u>in the past year.</u>

Code:

A= Happened once in past year

B = Happened twice in past year

C = Happened 3 to 5 times in past year

D = Happened 6 to 10 times in past year

E = Happened 11 to 20 times in past year

F = Happened more than 20 times

G = Did not happen in the past year but has happened before that

H = This has never happened

Please TICK how many times *you* have done each of these things to your partner in the past year. If they have not done it in the past year but it has happened before that then TICK G. If they have never done it TICK H.

I have… in the past year	Once A	Twice B	3 - 5 Times C	6 - 10 Times D	11 - 20 Times E	More than 20 Times F	Not in last year G	Never happened H
I discussed the issue calmly	❑	❑	❑	❑	❑	❑	❑	❑
I got information to back up my side of things	❑	❑	❑	❑	❑	❑	❑	❑
I brought in / tried to bring in someone else to help settle things	❑	❑	❑	❑	❑	❑	❑	❑
I insulted or swore at my partner	❑	❑	❑	❑	❑	❑	❑	❑
I sulked and/or refused to talk about it	❑	❑	❑	❑	❑	❑	❑	❑
I stomped out of the room or house	❑	❑	❑	❑	❑	❑	❑	❑
I cried	❑	❑	❑	❑	❑	❑	❑	❑
I did or said something to spite my partner	❑	❑	❑	❑	❑	❑	❑	❑
I threatened to hit or throw something at my partner	❑	❑	❑	❑	❑	❑	❑	❑
I threw, smashed, hit or kicked something	❑	❑	❑	❑	❑	❑	❑	❑
I pushed, grabbed or shoved my partner	❑	❑	❑	❑	❑	❑	❑	❑
I slapped my partner	❑	❑	❑	❑	❑	❑	❑	❑
I kicked, bit or hit with a fist	❑	❑	❑	❑	❑	❑	❑	❑
I hit or tried to hit my partner with something	❑	❑	❑	❑	❑	❑	❑	❑
I beat up my partner	❑	❑	❑	❑	❑	❑	❑	❑
I choked my partner	❑	❑	❑	❑	❑	❑	❑	❑
I threatened my partner with a knife or gun	❑	❑	❑	❑	❑	❑	❑	❑
I used a knife or gun	❑	❑	❑	❑	❑	❑	❑	❑

PLEASE GO TO NEXT PAGE

Please TICK how many times *your partner* has done each of these things to you <u>in the past year.</u> If they have not done it in the past year but it has happened <u>before that</u> then TICK G. If they have <u>never</u> done it TICK H.

My Partner has… in the past year	Once A	Twice B	3 - 5 Times C	6 - 10 Times D	11 - 20 Times E	More than 20 F	Not in last year G	Never happened H
My partner discussed the issue calmly	❑	❑	❑	❑	❑	❑	❑	❑
My partner got information to back up their side of things	❑	❑	❑	❑	❑	❑	❑	❑
My partner brought in someone else to help settle things	❑	❑	❑	❑	❑	❑	❑	❑
My partner insulted or swore at me	❑	❑	❑	❑	❑	❑	❑	❑
My partner sulked and/or refused to talk about it	❑	❑	❑	❑	❑	❑	❑	❑
My partner stomped out of the room or house	❑	❑	❑	❑	❑	❑	❑	❑
My partner cried	❑	❑	❑	❑	❑	❑	❑	❑
My partner did or said something to spite me	❑	❑	❑	❑	❑	❑	❑	❑
My partner threatened to hit or throw something at me	❑	❑	❑	❑	❑	❑	❑	❑
My partner threw, smashed, hit or kicked something	❑	❑	❑	❑	❑	❑	❑	❑
My partner pushed, grabbed or shoved me	❑	❑	❑	❑	❑	❑	❑	❑
My partner slapped me	❑	❑	❑	❑	❑	❑	❑	❑
My partner kicked, bit or hit with a fist	❑	❑	❑	❑	❑	❑	❑	❑
My partner hit or tried to hit me with something	❑	❑	❑	❑	❑	❑	❑	❑
My partner beat me up	❑	❑	❑	❑	❑	❑	❑	❑
My partner choked me	❑	❑	❑	❑	❑	❑	❑	❑
My partner threatened me with a knife or gun	❑	❑	❑	❑	❑	❑	❑	❑
My partner used a knife or gun	❑	❑	❑	❑	❑	❑	❑	❑

G1. ABOUT WHAT YOUR CHILD IS LIKE

CHILD'S AGE	

Please complete this for the selected child (see grid on inside cover of the booklet) and write their age in the top right hand corner.

Q1. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?	❑ No [Please go to next page if relevant] ❑ Yes – minor difficulties ❑ Yes – definite difficulties ❑ Yes – severe difficulties
PLEASE TICK THE BEST ANSWER. IF YOU HAVE ANSWERED "NO", PLEASE GO TO THE NEXT PAGE. IF YOU HAVE ANSWERED "YES", PLEASE ANSWER QUESTIONS 2 TO 6	
Q2. In which of these areas would you say your child experiences difficulty? **TICK ALL THAT APPLY**	❑ Emotions ❑ Concentration ❑ Behaviour ❑ Getting on with other people
Q3. How long have these difficulties been present?	❑ Less than a month ❑ 1-5 months ❑ 6-12 months ❑ Over a year
Q4. Do the difficulties upset or distress your child?	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Q5. Do the difficulties interfere with your child's everyday life in the following areas?	
Home life	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Friendships	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Learning	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Leisure activities	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Q6. Do the difficulties put a burden on you or the family as a whole?	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal

G2. ABOUT WHAT YOUR CHILD IS LIKE

CHILD'S AGE	

Please complete this for the selected child (see grid on inside cover of the booklet) and write their age in the top right hand corner.

Q1. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?	❑ No [Please return booklet to interviewer] ❑ Yes – minor difficulties ❑ Yes – definite difficulties ❑ Yes – severe difficulties
PLEASE TICK THE BEST ANSWER. IF YOU HAVE ANSWERED "NO", PLEASE RETURN BOOKLET TO INTERIEWER. IF YOU HAVE ANSWERED "YES", PLEASE ANSWER Q2 TO 6	
Q2. In which of these areas would you say your child experiences difficulty? **TICK ALL THAT APPLY**	❑ Emotions ❑ Concentration ❑ Behaviour ❑ Getting on with other people
Q3. How long have these difficulties been present?	❑ Less than a month ❑ 1-5 months ❑ 6-12 months ❑ Over a year
Q4. Do the difficulties upset or distress your child?	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Q5. Do the difficulties interfere with your child's everyday life in the following areas?	
Home life	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Friendships	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Learning	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Leisure activities	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal
Q6. Do the difficulties put a burden on you or the family as a whole?	❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal

THANK YOU FOR COMPLETING THIS BOOKLET. PLEASE PUT IT IN THE ENVELOPE PROVIDED, SEAL THE ENVELOPE AND HAND IT BACK TO THE INTERVIEWER.

Sampling Point	Place	Number

Household ID								

Administered by	Surname	Initials

Date completed	D	D	M	M	Y	Y	Y	Y

EASTERN HEALTH BOARD CHILDREN AND FAMILIES SURVEY

Carer Self-completion Questionnaire

This questionnaire is confidential

BEFORE YOU START

Thank you for completing these questions.

Read each question and them give your answer. You only ever need to tick a box (e.g. to say 'YES').

There are no right or wrong answers but try to be as honest as you can.

Some of the sections are about you.

The other sections are about children you care for. Some sections only apply to children of a certain age. Use the following grid to select the relevant child. If no child is listed for that section you can leave it blank.

Section	Identifier (e.g. C1 or C3)	Which child to fill in the section for
A1		
A2		
C1		
C2		
G1		
G2		

Finally, please ask for help from the interviewer if you are unsure about anything.

A1/A2. ABOUT DEALING WITH YOUR CHILD'S BEHAVIOUR

Children often do things that are wrong, disobey or make their parents annoyed or upset. Please look at the list over the page of some of the things that parents may do in these situations.

On the first page, for the selected child, please say how often *you* or *your partner* (or the child's *other parent*, if this person is different to your current partner) have done any of these things with your child <u>in the past year</u> by putting a TICK in the appropriate box.

The questions cover a wide age range of children but please answer each question as best as you can, even if you are not absolutely certain or if a question seems daft!

After you have done that page, and if relevant, complete the second page for the other selected child (otherwise hand the booklet back to the interviewer).

Code:

A = Happened once or twice in past year

B = Happened 3 to 10 times in past year

C = Happened 11 to 20 times in past year

D = Happened more than 20 times in the past year

E = Did not happen in the past year but has happened before that

F = This has never happened

X1: Household identifier	X2: Interviewer initials
X3: YP identifier	X4: Date of interview

QUESTIONNAIRE FOR YOUNG PEOPLE AGED 11 TO 17 YEARS

Thank-you for agreeing to take part in our survey! We are very interested to hear from young people, like you, how they feel about living in this neighbourhood. Your answers and comments are extremely important and valuable to the people responsible for providing services to this community – the East Regional Health Authority.

There are 12 questions for you to answer and it should only take about 10 minutes for you to complete. All of your answers are confidential and there is no right or wrong answer to any question, so do your best to be as honest as you can. Most of the questions ask you to tick one or more boxes but sometimes you will be asked to write something in a space provided. If you have any questions, please ask for help from the interviewer.

1. **Are you happy living in this neighbourhood?** TICK ONE BOX ONLY

❑ Yes, all the time ❑ Sometimes ❑ No, not at all

2. **Do you think there are enough good facilities, like sports fields or leisure centres, for young people your age in this neighbourhood?**

❑ Yes ❑ No

3. **What facilities have you used in the past few months (since Christmas)?** TICK AS MANY BOXES AS APPLY

❑ Leisure centre
❑ Local park or green field
❑ Youth Club
❑ Other. Please say what below
❑ YMCA / YWCA
❑ Sports fields, e.g. tennis court, football field
❑ Community Centre

4. **Overall, do you think you have difficulties in any of the following areas: your emotions, concentration, behaviour or being able to get on with other people?** TICK ONE BOX ONLY

❑ No difficulties ❑ Yes, *minor* difficulties ❑ Yes, more *serious* difficulties ❑ Yes, very *severe* difficulties

IF YOU ANSWERED **YES** OVERLEAF TO QUESTION FOUR (*EITHER* MINOR, SERIOUS OR SEVERE DIFFICULTIES) THEN COMPLETE QUESTIONS **5 TO 9**

IF YOU ANSWERED **NO** THEN GO TO QUESTION **10** ON THE NEXT PAGE

5. In which of these areas do you experience difficulty?
TICK AS MANY BOXES AS YOU FEEL APPLY TO YOU

❑ **Emotions**	e.g. you worry a lot, feel unhappy or fearful
❑ **Behaviour**	e.g. you fight a lot, get very angry, or take things that don't belong to you
❑ **Concentration**	e.g. you find it difficult to finish the things you start at school or work
❑ **Getting on with other people**	e.g. you find it hard to make friends, or other people pick on you or bully you

6. How long have these difficulties been present? TICK ONE BOX ONLY

❑ Less than one month ❑ 1 to 5 months ❑ 5 to 12 months ❑ Over a year

7. Do these difficulties upset or distress you? TICK ONE BOX ONLY

❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal

8. Do these difficulties interfere with your everyday life in any of the following areas?
TICK ONE BOX ON EACH ROW

Home Life:	❑ Not at all	❑ Only a little	❑ Quite a lot	❑ A great deal
Friendships:	❑ Not at all	❑ Only a little	❑ Quite a lot	❑ A great deal
Learning:	❑ Not at all	❑ Only a little	❑ Quite a lot	❑ A great deal
Leisure Activities:	❑ Not at all	❑ Only a little	❑ Quite a lot	❑ A great deal

9. Do the difficulties make it harder for people around you, like your parents, family, friends or teachers? TICK ONE BOX ONLY

❑ Not at all ❑ Only a little ❑ Quite a lot ❑ A great deal

10. We see or hear about bad things happening to people every day on the news

and on TV. Below is a list of things that you may or may not have seen or heard. Please TICK the number of times, if any, you have seen or heard these things in REAL LIFE – in your home, school, or in your community / neighbourhood – TICK ONE BOX ONLY FOR EACH ROW

0 = Never	Tick this box if you have *never* seen or heard the item
1 = Once	Tick this box if you have seen or heard the item *only one time*
2 = Twice	Tick this box if you have seen or heard the item *two* times
3 = Three times	Tick this box if you have seen or heard the item *three* times
>3 = More than three times	Tick this box if you have seen or heard the item *more than three* times

	0	**1**	**2**	**3**	**>3**
I have heard guns being shot	❑	❑	❑	❑	❑
I have seen somebody arrested	❑	❑	❑	❑	❑
I have seen a drugs deal	❑	❑	❑	❑	❑
I have seen somebody being beaten up	❑	❑	❑	❑	❑
I have heard grown ups in my home yell at each other	❑	❑	❑	❑	❑
I have seen somebody get stabbed	❑	❑	❑	❑	❑
I have seen somebody get shot	❑	❑	❑	❑	❑
I have seen grown ups in my home hit each other	❑	❑	❑	❑	❑
I have seen a dead body around my neighbourhood (not including a funeral or wake)	❑	❑	❑	❑	❑
I have seen gangs in my neighbourhood	❑	❑	❑	❑	❑
I have seen somebody pull a gun on another person	❑	❑	❑	❑	❑
My house has been broken into	❑	❑	❑	❑	❑
I have seen somebody pull a knife on another person	❑	❑	❑	❑	❑
I have seen somebody steal something from another person's house or shop	❑	❑	❑	❑	❑

TICK ONE BOX ONLY FOR EACH ROW	**Never**	**Sometimes**	**All the time**
I feel safe when I am at home	❑	❑	❑
I feel safe when I'm at school (or work)	❑	❑	❑
I feel safe when I'm outside in my neighbourhood	❑	❑	❑
Grown ups are nice to me	❑	❑	❑

11. Who would you speak to if you wanted to talk to someone about something personal or if you wanted to confide in someone? Think about people or help lines you may have spoken to before. TICK AS MANY BOXES AS APPLY

- ❑ STEPS or TEENHELP (youth advice services)
- ❑ Social Services
- ❑ Your Church or Priest
- ❑ Childline
- ❑ Extended family, like your grandparents, aunt or uncle
- ❑ Friends
- ❑ Your parents
- ❑ Your teacher
- ❑ Other. Please say who this is in the space provided below:

12. If you were in charge of services for children, young people and families in this area, what are some of the things you think would be important to improve their quality of life or what facilities would you want to spend money on?

Thank-you for taking the time to help us by completing this questionnaire! Your answers will be used to help people who design services for children, young people and families in this area. If you have any other questions about this questionnaire then speak to the interviewer now.

If any of the questions that you have been asked or information that you have provided has upset you and you feel like you can't talk to any of your family or friends, then you will find a list of telephone numbers on the card attached to this questionnaire. They can help you if you want to talk to someone about how you feel.

Thank-you!

Appendix E: Ethics – The Approach to Consent

The Dublin-wide study required that participants give their informed consent to take part in the interview. The research team on the wider Dublin study wrestled with the issue of what information to include in the leaflet given to potential participants. While the broader study aims sound fairly innocuous, a sub-sample of the questionnaire would be used to inform a study of the impact of family conflict and violence on children's outcomes. The present author was fully committed to the principle of informed consent and as such included reference to this aspect of the survey in the leaflet. Compromise language (Kotch 2000) was used and participants were informed that we were interested in the strategies and tactics used by family members to resolve differences and conflict.

It was felt to be particularly important when administering the consent form to young people that they were made aware that there were no negative consequences if they refused to participate, for example the withdrawal of support by current service-providers. Morrow and Richards (1996) remind us that context is crucial to compliance – particular contexts or people in positions of authority, for example a teacher in a school or a family's social worker, should not be used to force compliance. The personal situations of some children (and their parents), as well as the timing and location of their involvement may render them vulnerable to coerced participation (Peled 2001).

Appendix F: The Child Protection Protocol

Respondents were informed that disclosure of relevant information would only occur in a circumstance where the child was judged to be in a situation of serious danger. Serious danger was defined as at risk of severe physical harm or death. Almost without exception, interview questions that might elicit such information from respondents were contained within the self-completion booklet. Interviewers had no access to these forms (to remove any moral obligation to report) and respondents were instructed to put the booklet in an envelope and seal it on completing the booklet. These were then returned to the Research Unit for scrutiny.

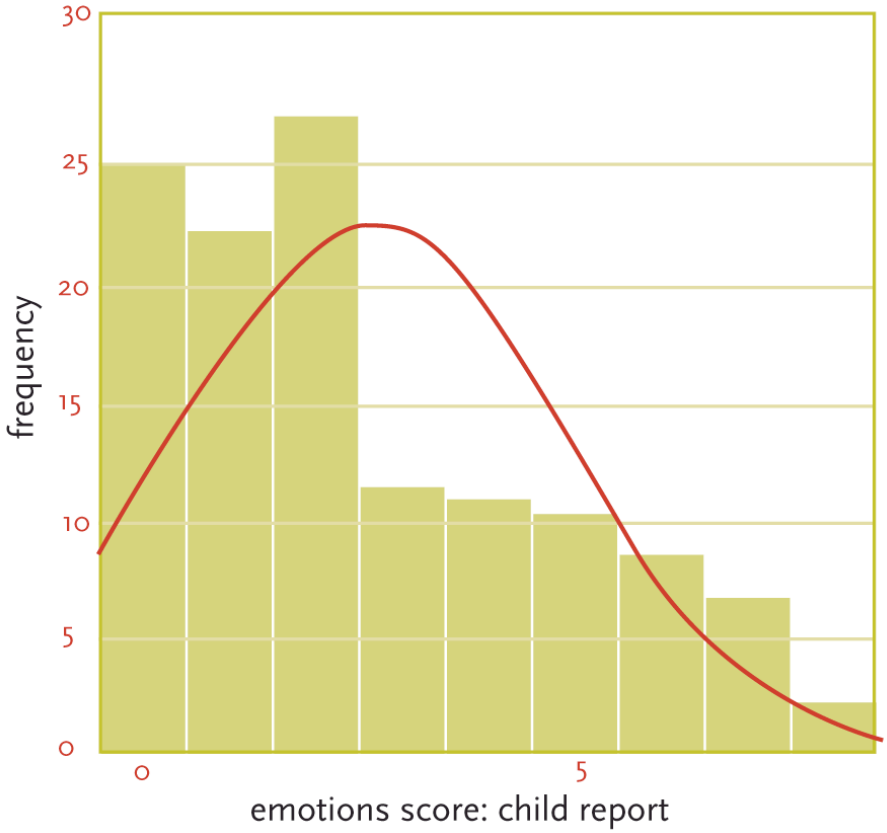
Following consultation with a child protection expert, the research team had set clear trigger thresholds on each of the relevant measurement scales. In situations where a family met any of these thresholds the case would be considered as a whole (taking into account responses to other interview questions) and judged for seriousness. This is important as many of the questions are self-completion and respondents may tick an item in error and then be highlighted as a concern. One of our chief concerns with disclosing information was that the case was significantly serious enough to qualify or meet thresholds for receiving a service – it seemed counterproductive and unfair to a family to highlight child protection concerns and for them then to be denied assistance.

A procedure was agreed and families were informed that in situations judged as concerning, they would notified by letter giving specific contact details of someone to contact for help. The local agency contacts in the geographic area were informed and consulted on the thresholds at the outset and as such knew the seriousness of any case highlighted for concern. However no specific information from the interview was shared with agencies. In the event no child from the 300 families interviewed was judged to have reached the agreed threshold(s) of concern.

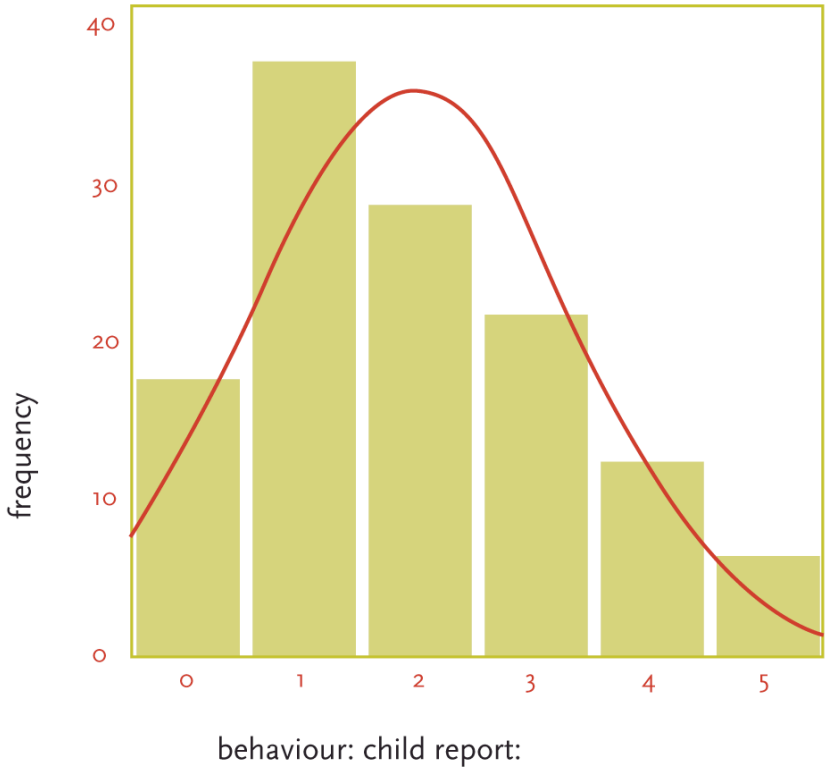
The issue of disclosure and confidentiality does not only relate to a child disclosing an experience of abuse or neglect, which implicates a parent, but also to situations where the parent may wish to have access to confidential information provided by the child to the researcher. The principles of autonomy and justice / equality for the child are in danger of being compromised where a parent wishes to know what a child has said in an interview with a researcher or may wish to chaperone the child during the interview (Coyne 1998). This is best dealt with by fully informing parents of the expectations of confidentiality at the outset. The current study built this into an agreement signed by parents at the start of the interview, which first allowed parents to view a blank version of the young person's questionnaire before consenting to allow access to the child. Parents were informed and had to agree that information disclosed by the child would be entirely confidential and that they would not have access to the completed scripts.

Appendix G:

Graph 5: Distribution of Emotions reported by child.



Graph 6: Distribution of Behaviour reported by child.



Appendix H: Overlap between Instruments (Chapter Seven)

It was only possible to make a connection between the data on family conflict resolution strategies and emotional and behavioural well-being for a proportion of children in the sample. Table 5 (referenced in Chapter Seven) indicates the number of children for whom two or more scales were completed. Where possible, young people's own reports of their development were used in the analyses (detailed as YP SDQ), however, sample size precluded detailed analysis of these data. The weighting variable (derived from the quota controls described in Appendix B) was applied to each sub-dataset to ensure that the data remained representative of the larger sample.

Table 5: Overlap of measurement instruments.

	MRS (n = 321)	**CTS (n = 425)**	**SDQ Adult (n = 388)**	**SDQ YP (n = 126)**	**TISH (n = 140)**
MRS	-	258	288	40	46
CTS		-	244	81	89
SDQ Adult	190		-	91	96
SDQ YP	25			-	125

* All figures are weighted *n* (see chapter six for un-weighted base)

Appendix I: Severity of Physical Aggression (Chapter Seven)

Table 7: A comparison of the characteristics of the conflict tactic groups

Inter-parental Conflict	**Group1[a]**	**Group2[b]**	**Group3[c]**	**Group4[d]**
Weighted base: *n* = 425				
Child's age (mean age in years)	8.1	7.6	7.1	9.5
Child's gender (% male)	63	53	52	55
Parent's age (mean age in years)	36.7	37.8	38.4	40.1
Carer depressed (%)	1*	22	29	25
Social class (% AB / C1)	45	49	42	50
Low SES (% dependent on benefits)	6	10	9	0
Family size (% > 6 people)	27	27	34	60
Home overcrowded (%)	11	18	20	30
Poor quality accommodation (%)	2	11	15	0
Parent-Child Conflict				
Weighted base: *n* = 388				
Child's age (mean age in years)	7.9	8.7	7.4	8.4
Child's gender (% male)	55	53	55	56
Parent's age (mean age in years)	37.1	36.8	36.7	36.8
Carer depressed (%)	5	22	21	50**
Social class (% AB / C1)	42	37	45	37
Low SES (% dependent on benefits)	11	22	15	25
Family size (% > 6 people)	19	14	23	21
Home overcrowded (%)	12	13	14	8
Poor quality accommodation (%)	7	19	19	4

[a] Reasoning / non-aggression only
[b] Psychological aggression only
[c] Minor physical aggression
[d] Severe physical aggression
* significant at $p < .05$
** significant at $p < .01$

Appendix J: Glossary of terms and definitions

Perhaps the greatest challenge facing researchers interested in how family members relate to one another and the nature of abuse that occurs in family units is the lack of agreed-upon terms and definitions. The literature review, provided in Chapters Two through Four, has drawn upon evidence from a wide array of disciplines, where, somewhat confusingly, research may use different terms to study the same phenomena, for example marital violence (Holden 1998), domestic violence (Hughes et al. 2001), intimate partner violence (Hamberger and Guse 2005) and interparental violence (Graham-Bermann and Hughes 2003). To complicate matters, the same term, for example 'violent families' may be defined differently in different studies (Jouriles et al. 2001: 19). This glossary is an attempt to provide a brief summary of the main terms used in this thesis.

Family conflict

In this study, family conflict refers to instances of disagreement or disputes between two or more family members. The study has focused in particular upon conflict exchanges between intimate partners who are parents (**inter-parental conflict**) and between parents and children (**parent-child conflict**). The distinction between [family] conflict and violence has been little discussed (Jouriles et al. 2001). Some view violence as a high level of intensity conflict while others view them as separate constructs (ibid). This thesis argues that while there are important distinctions to be made between *some forms* of violence and conflict there are also areas of overlap between the constructs.

Conflict resolution

When there is conflict, individuals strive towards resolution. Resolution is used to indicate that closure has been reached on a point of conflict. It does not indicate the method by which closure has been achieved or that the resolution has necessarily been consensual.

Conflict resolution strategies

Coined by Straus (1979) to refer to the strategies, tactics or means employed by individuals in their attempts to resolve a point of conflict. There may be 'an almost infinite variety of techniques' (Straus 2005, p. 189) available to family members but in this study two main types of strategies have been distinguished: non-aggressive and aggressive. The latter may be broken down further (see below).

Aggressive strategies

In this study, aggressive strategies include psychological aggression and physical aggression. Psychological aggression includes verbalised behaviours such as shouting, yelling, name-calling or swearing as well as symbolic or no-verbal behaviours such as giving the 'silent treatment' or abandoning the child. Physical aggression includes overt behaviours that involve physical force of some kind, such as pushing, grabbing and hitting.

Non-aggressive strategies

In this study, non-aggressive strategies include behaviour that is both non-violent as well as that which is not psychologically aggressive (see above). In the inter-parental relationship this is most likely to include parents talking through the point of conflict and negotiating a resolution. It may also include bringing a third party in to mediate the conflict. In the parent-child relationship this might comprise explanation, a substitute activity, use of a mediator, a time-out or depriving the child of a privilege.

Violence

There are no set or agreed definitions of violence (Stanko 2003). The term has been conceptualised in many different ways by different disciplines to encompass threat, intimidation and harm in relationships, families, communities, institutions and societies (*ibid*). In relation to violence within the family context, both broad and narrow definitions have been adopted (Jouriles et al. 2001). Narrow definitions have concentrated on specific acts of physical aggression that are intended to harm, such as pushing, grabbing, showing, slapping, hitting. Straus' (1979) *Conflict Tactics Scales* limits violence to

physical force. Broad definitions of the concept extend beyond physical aggression to include verbal, sexual and psychological abuse as well as economic control and social isolation. Despite arguments and a large consensus for the need to adopt a broad conceptualisation of violence, the large majority of studies in the field have concentrated on acts of physical aggression (Graham-Bermann and Edleson 2001). While recognising and accepting the wide array of behaviours that contribute to violence, in this study violence is used to refer to acts of physical aggression between parents or between parents and children. This is not to say that psychological aggression has not been considered but rather that the term 'violence' refers specifically to the use of physical force.

Family violence

Until the late 1970s research on family violence almost exclusively focused on either child abuse or partner abuse. There was little connection made between abusive relationships within the family and almost no attention given to sibling violence, elder abuse or the abuse of parents by children (Straus and Gelles 1999). Current conceptualisations of family violence are broad: Osofsky (1998) defines family violence as violent or aggressive behaviour involving any family members or intimate partners; Gelles (1999) suggests it also encompasses violence between individuals outside of the immediate family, such as those in a dating relationship. In this study, family violence is used as an umbrella term to refer to aggression and violence that occurs in family relationships, in particular both the inter-parental and parent-child relationships.

Child maltreatment

There are no universal definitions of child maltreatment but it is generally used as an umbrella term to cover the variety of abusive or neglectful behaviours perpetrated against children, not exclusively at the hands of their parents. Some (e.g. Emery and Laumann-Billings 2002) have used the term to indicate behaviours that others might term corporal punishment (see below) and distinguished it from child violence, where there may be serious harm inflicted upon the child. The distinction largely comes down to the application of law,

distinguishing behaviours that are reasonable and excessive or unwarranted (Korbin 1997).

In the present study child maltreatment is used as service construct to indicate violence from parents against children that would warrant the intervention of the police or social services.

Domestic violence:

Domestic violence is perhaps the term used to represent the widest array of situations. Some research has adopted the term to refer to any violence within a domestic context, in a way akin to family violence (Holden 1998). The term has also been used in research and policy (Home Office 2004) to indicate physical violence between intimate partners. Partners may be current or ex-partners. They may or may not be living together and they may or may not have caring responsibility for children. In feminist quarters, researchers use the term to refer to gendered 'male-on-female' violence or 'woman abuse' (e.g. Mullender et. al 2002: 21) and to indicate not only physical aggression but also the mental, emotional and/or sexual abuse of women (Mullender and Morley 1994). It may also incorporate economic control. Feminist theorists also maintain that such violence is not the result of conflict or dispute but rather motivated by the desire to control one's partner (Jouriles et al. 2001).

In this study, domestic violence has been operationalised as a service construct to refer to instances of violence between intimate partners that would warrant the intervention of the police or social services. The families included in this study are specifically partners who reside together and who care for one or more children and findings are limited to this group.

Corporal punishment

A term used to indicate that the use of physical disciplinary practices, for example smacking (spanking in the US) or hitting (Bornstein 2002). Due to wide cultural diversity in what constitutes acceptable parenting practices, some may view these behaviours as psychologically or physically abusive towards children (Baumrind and Owens 2001).

Community violence

Community violence has been defined as acts of violence between individuals within a community who are not intimately connected to one another (Richters and Martinez 1993). The scope of the 'community', however, may be very broad and include schools, the immediate geographic neighbourhood or community groups. It is also often equated with the use of weapons, such as drive-by shootings and stabbings, and linked to gang wars and drug deals. In this study, community violence refers to aggressive or violent behaviour that children or parents may have experienced or feel threatened by in their neighbourhood and which involves individuals not intimately connected to the family. This includes gang-related violence.

Normative

The term is used in this study to indicate that a behaviour or condition is standard or highly prevalent within a population. The term does not imply that the behaviour or condition is considered 'normal' in the sense that it is free from disorder or condoned; simply that it is standard or average within a population.

'Ordinary' violence or 'common couple violence'

Terms coined by Straus (1990) and Johnson (1995), respectively, to indicate that a certain level of physical aggression (violent behaviour) can be found in many couple relationships. While this behaviour may not be beneficial to children's health and development, it is prevalent in evidence gathered from community samples and is typically characterised by low-frequency, low-severity aggression that involves both partners initiating the aggressive acts.

In the present study, the distinction between 'ordinary' and 'pathological' (see below) violence has been examined and has been operationalised by means of the 'minor' and 'severe' physical aggression sub-scales on both the Conflict Tactics Scales (Straus 1979) and Misbehaviour Response Scales (Creighton *et al.* 2003). While this has limitations (it neglects aspects of pathological violence that may be important such as psychological torture (Cawson 2002))

it is an advance on many studies that have not unpacked the construct of violence.

Pathological violence or ‘patriarchal terrorism’

Johnson (1995) first used the term patriarchal terrorism to refer to physical aggression (violent behaviour) within couple relationships that was not motivated by conflict. This violence tends to be more severe, more frequent and is likely to escalate over the course of the relationship or even when the relationship is terminated. It is primarily male-on-female violence. Johnson found this violence largely characterised evidence gathered from shelter samples. Others have referred to this as abusive violence (Gelles 1997) or malicious violence (Straus 2008).